

# *The EI Group, Inc.*

This certifies that

*Scott Harper*

Student Address: 215 Big River Road, Goshen, VA 24439

Has attended and satisfactorily passed an examination covering  
the contents of an EPA/AHERA approved course entitled

## *Asbestos Supervisor Refresher (8-Hour) Training Course*

7314050003

Certificate Number

[REDACTED]

Social Security Number

May 9, 2014

Course Dates

May 9, 2014

Exam Date

May 9, 2015

Expiration Date

Mount Crawford, VA

Location

*Barry A. Maxwell*  
Barry Maxwell, Training Manager

*Melissa S. Hart*  
Melissa Hart, Primary Instructor

*Melissa S. Hart*  
Melissa Hart, Exam Administrator



4186 Innslake Drive  
Glen Allen, Virginia 23060  
(804) 320-9300

EPA Approved Under  
TSCA Title II



RESPIRATOR FIT TESTS  
&  
ASSIGNMENT FORM

I, Scott Harper, CERTIFY THAT I HAVE BEEN ADMINISTERED A FIT TEST WITH THE FOLLOWING RESPIRATORS:

<u>North</u> BRAND	STYLE: FULL FACED	<u>HALF FACED</u>	<u>8/25/14</u> DATE
<u>                    </u> BRAND	STYLE: FULL FACED	HALF FACED	<u>                    </u> DATE
<u>                    </u> BRAND	STYLE: FULL FACED	HALF FACED	<u>                    </u> DATE
<u>Scott Harper</u> SIGNATURE		<u>                    </u> SS#	
<u>Paul J. Co</u> SIGNATURE OF PERSON GIVING TEST		<u>8/25/14</u> DATE	

RAINBOW PASSAGE

WHEN THE SUNLIGHT STRIKES RAINDROPS IN THE AIR, THEY ACT LIKE A PRISM AND FORM A RAINBOW. THE RAINBOW IS A DIVISION OF WHITE LIGHT INTO MANY BEAUTIFUL COLORS. THESE TAKE THE SHAPE OF A LONG ROUND ARCH, WITH ITS PATH HIGH ABOVE, AND ITS TWO ENDS APPARENTLY BEYOND THE HORIZON. THERE IS, ACCORDING TO LEGEND, A BOILING POT OF GOLD AT ONE END. PEOPLE LOOK BUT NO ONE EVER FINDS IT. WHEN A MAN LOOKS FOR SOMETHING BEYOND REACH, HIS FRIENDS SAY HE IS LOOKING FOR THE POT OF GOLD AT THE END OF THE RAINBOW.

RESPIRATOR ASSIGNMENT

I FULLY UNDERSTAND THAT WACO, INC. HAS ASSIGNED ME A RESPIRATOR TO BE USED SOLELY BY ME FOR THE DURATION OF MY EMPLOYMENT.

I AM FULLY RESPONSIBLE FOR MAINTENANCE AND REPAIR OF MY ASSIGNED RESPIRATOR.

I AGREE THAT IF DAMAGES OCCUR TO THE RESPIRATOR DUE TO MY NEGLIGENCE OR MISUSE, OR IF THE RESPIRATOR IS MISPLACED, ALL COSTS OF REPAIR/ REPLACEMENT OF THE RESPIRATOR WILL BE DEDUCTED BY PAYCHECK.

<u>Scott Harper</u> Sign	<u>                    </u> Last 4 S.S.	<u>8/25/14</u> Date
-----------------------------	--	------------------------

**DPOR License Lookup License Number 3302009878****License Details**

<b>Name</b>	MYERS, ADAM J
<b>License Number</b>	3302009878
<b>License Description</b>	Asbestos Supervisor License
<b>Rank</b>	Asbestos Supervisor
<b>Address</b>	MOUNT CRAWFORD, VA 22841-0000
<b>Initial Certification Date</b>	2009-12-16
<b>Expiration Date</b>	2015-12-31

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The license information in this application was last updated at Mon Apr 06 02:50:18 EDT.

The disciplinary action information in this application was last updated at Mon Apr 06 02:50:18 EDT.

DPOR License Lookup build 1,011 (built 2015-04-03 11:58:06).

# *The EI Group, Inc.*

This certifies that

*Adam John Myers*

Student Address: 5261 Mount Clinton Pike, Harrisonburg, VA 22802

Has attended and satisfactorily passed an examination covering the contents of an EPA/AHERA approved course entitled

## *Asbestos Supervisor Refresher (8-Hour) Training Course*

731-4050007

Certificate Number

Social Security Number

May 9, 2014

Course Dates

May 9, 2014

Exam Date

May 9, 2015

Expiration Date

Mount Crawford, VA

Location

*Barry A. Maxwell*  
Barry Maxwell, Training Manager

*Melissa S. Hart*  
Melissa Hart, Primary Instructor

*Melissa S. Hart*  
Melissa Hart, Exam Administrator



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Glen Allen, Virginia 23060  
(804) 320-9300

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TSCA Title II





RESPIRATOR FIT TESTS  
&  
ASSIGNMENT FORM

I, ADAM MYERS, CERTIFY THAT I HAVE BEEN ADMINISTERED A FIT TEST WITH THE FOLLOWING RESPIRATORS:

NORTH STYLE: FULL FACED HALF FACED 1-6-15  
BRAND DATE

STYLE: FULL FACED HALF FACED  
BRAND DATE

STYLE: FULL FACED HALF FACED  
BRAND DATE

[Signature]  
SIGNATURE

SS#

[Signature]  
SIGNATURE OF PERSON GIVING TEST

1-6-15  
DATE

RAINBOW PASSAGE

WHEN THE SUNLIGHT STRIKES RAINDROPS IN THE AIR, THEY ACT LIKE A PRISM AND FORM A RAINBOW. THE RAINBOW IS A DIVISION OF WHITE LIGHT INTO MANY BEAUTIFUL COLORS. THESE TAKE THE SHAPE OF A LONG ROUND ARCH, WITH ITS PATH HIGH ABOVE, AND ITS TWO ENDS APPARENTLY BEYOND THE HORIZON. THERE IS, ACCORDING TO LEGEND, A BOILING POT OF GOLD AT ONE END. PEOPLE LOOK BUT NO ONE EVER FINDS IT. WHEN A MAN LOOKS FOR SOMETHING BEYOND REACH, HIS FRIENDS SAY HE IS LOOKING FOR THE POT OF GOLD AT THE END OF THE RAINBOW.

RESPIRATOR ASSIGNMENT


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I AM FULLY RESPONSIBLE FOR MAINTENANCE AND REPAIR OF MY ASSIGNED RESPIRATOR.

I AGREE THAT IF DAMAGES OCCUR TO THE RESPIRATOR DUE TO MY NEGLIGENCE OR MISUSE, OR IF THE RESPIRATOR IS MISPLACED, ALL COSTS OF REPAIR/ REPLACEMENT OF THE RESPIRATOR WILL BE DEDUCTED BY PAYCHECK.

[Signature]

## License Details

 (LicenseDetail?l=3302009287&print)

<b>Name</b>	NORTON, MICHAEL A
<b>License Number</b>	3302009287
<b>License Description</b>	Asbestos Supervisor License
<b>Rank</b>	Asbestos Supervisor
<b>Address</b>	ELKTON, VA 22827-0000
<b>Initial Certification Date</b>	2008-11-06
<b>Expiration Date</b>	2015-11-30

The license information in this application was last updated at Mon Apr 06 02:50:18 EDT.

License Lookup legal disclaimer

# *The EI Group, Inc.*

This certifies that

*Michael Norton*

Student Address: 295 Tanager Lane, Elkton, VA, 22827

Has attended and satisfactorily passed an examination covering  
the contents of an EPA/AHERA approved course entitled

## *Asbestos Supervisor Refresher (8-Hour) Training Course*

7314050008

Certificate Number

Social Security Number

May 9, 2014

Course Dates

May 9, 2014

Exam Date

May 9, 2015

Expiration Date



4186 Innslake Drive  
Glen Allen, Virginia 23060  
(804) 320-9300

*EPA Approved Under  
TSCA Title II*

Mount Crawford, VA  
Location

*Bert Maxwell*  
Bert Maxwell, Training Manager

*Melissa S Hart*  
Melissa Hart, Primary Instructor

*Melissa S Hart*  
Melissa Hart, Exam Administrator



Inc.

# RESPIRATOR FIT TEST & ASSIGNMENT FORM

I, Michael Norton, CERTIFY THAT I HAVE BEEN ADMINISTERED A FIT TEST  
WITH THE FOLLOWING RESPIRATORS:

Brand North

Style: Full Faced Half Faced

Date 5/5/14

Brand \_\_\_\_\_

Style: Full Faced Half Faced

Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
Last 4 #'s of SS#

Signature of who gave the fit test: \_\_\_\_\_

5/5/14  
Date:

## RAINBOW PASSAGE

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

## RESPIRATOR ASSIGNMENT

I Fully understand that WACO, INC. has assigned me a respirator to be used solely by me for the duration of my employment.

I am fully responsible for maintenance and repair of my assigned respirator.

I agree that if damages occur to the respirator due to negligence or misuse, or if the respirator is misplaced, all costs of repair / replacement of the respirator will be deducted from my paycheck.

Michael Norton  
SIGNATURE

SS # \_\_\_\_\_

5/5/14  
DATE

FORM E025

**DPOR License Lookup** License Number 3302006433**License Details**

<b>Name</b>	PACHECO, HECTOR
<b>License Number</b>	3302006433
<b>License Description</b>	Asbestos Supervisor License
<b>Rank</b>	Asbestos Supervisor
<b>Address</b>	PENN LAIRD, VA 22846-0000
<b>Initial Certification Date</b>	1997-11-25
<b>Expiration Date</b>	2015-11-30

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DPOR License Lookup build 1,011 (built 2015-04-03 11:58:06)

# The EI Group, Inc.

This certifies that

**Hector L. Pacheco**

Student Address: 499 Water Tower Road, Penn Laird, VA 22846

Has attended and satisfactorily passed an examination covering the contents of an EPA/AHERA approved course entitled

## Asbestos Supervisor Refresher (8-Hour) Training Course

7314050006  
Certificate Number

██████████  
Social Security Number

May 9, 2014  
Course Dates

May 9, 2014  
Exam Date

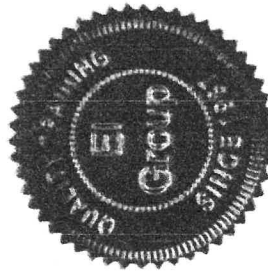
May 9, 2015  
Expiration Date

Mount Crawford, VA  
Location

*Bary A. Maxwell*  
Bary Maxwell, Training Manager

*Melissa S. Hart*  
Melissa Hart, Primary Instructor

*Melissa S. Hart*  
Melissa Hart, Exam Administrator



4186 Innslake Drive  
Glen Allen, Virginia 23060  
(804) 320-9300

EPA Approved Under  
TSCA Title II



Inc.

RESPIRATOR FIT TEST  
&  
ASSIGNMENT FORM

I, Hector Pacheco, CERTIFY THAT I HAVE BEEN ADMINISTERED A FIT TEST  
WITH THE FOLLOWING RESPIRATORS:

Brand North

Style: Full Faced Half Faced

Date 5/14/14

Brand Hector Pacheco  
SIGNATURE

Style: Full Faced Half Faced

Date

Last 4 # 's of SS#

Paul Yu  
Signature of who gave the fit test:

5/14/14  
Date:

RAINBOW PASSAGE

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

RESPIRATOR ASSIGNMENT

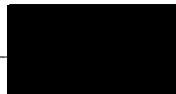
I Fully understand that WACO, INC. has assigned me a respirator to be used solely by me for the duration of my employment.

I am fully responsible for maintenance and repair of my assigned respirator.

I agree that if damages occur to the respirator due to negligence or misuse, or if the respirator is misplaced, all costs of repair / replacement of the respirator will be deducted from my paycheck.

Hector Pacheco  
SIGNATURE

SS #



5-14-14  
DATE

FORM E029

## **F. Respiratory Protection**

### **RESPIRATORY PROTECTION GUIDELINES**

This section was prepared to provide guidance and technical information and to establish the Waco, Inc. Company Policy for the administration and implementation of a Respiratory Protection Program at all work locations necessitating this safety measure.

This section sets forth the basic guidelines for respiratory protection to be applied at all Waco, Inc. job sites where workers will be exposed to any respiratory hazards. These hazards include but are not limited to dust, fumes, mists, gases, etc. Equipment will also be provided for emergency use and oxygen efficient atmospheres as required.

The Vice Presidents and the Branch Managers are responsible for the Respiratory Protection Program within their operations. They will acquire all technical services, medical and physical examinations necessary to adequately control and monitor this program. They will establish and supervise procedures for selecting proper respirators, issuance, training, sanitizing, inspection, and repairs of all respirators. In addition, they will have documented medical examination, fit tests, atmospheric sampling, and prescription lenses where necessary.

Each employee will use the respiratory equipment as per the training received and/or established, procedures. Any defective or malfunctioning equipment will be immediately reported to the First Line Supervisor who will inspect, repair or replace the equipment.

Each employee should note that each project is unique and particular job conditions will be dealt with as they are encountered with regard to respiratory protection.

### **RESPIRATOR SELECTION**

Respirators will be selected based on the hazards to which employees will be exposed at each particular project. Selection of respiratory protection for asbestos abatement operations is specifically addressed in the asbestos abatement section of this manual.

The selection of the proper type of respirator shall be based upon (1) the nature of the hazardous operation or process, (2) the type of respiratory hazard (including physical properties, physiological effects on the body, concentration of toxic material or airborne radioactivity level, established permissible time-weighted average concentration for toxic material, established permissible airborne concentration for radioactive material, and established immediately dangerous to life or health concentration for toxic material), (3) the location of the hazardous area in relation to the nearest area having respirable air, (4) the period of time for which respiratory protection must be provided, (5) the activities of workers in the hazardous area, (6) the physical characteristics and functional capabilities and limitations of the various types of respirators and (7) respirator protection factors.



**Respiratory protection selection will be from the following general classifications, according to mode of operation.**

- 1. Atmosphere-supplying respirators**
  - a. Self-contained
  - b. Supplied-air
  - c. Combination self-contained and supplied-air
- 2. Air-purifying respirators**
  - a. Gas and vapor
  - b. Particulate (aerosols including dust, fog, fumes, mists, smoke and spray)
  - c. Combination gas, vapor and particulate
- 3. Combination atmosphere-supplying and air-purifying respirators**

**Respirator use training will be conducted as required and will include the following:**

- a. Classification, description, and limitations of respirators.
- b. Classifications of respiratory hazards.
- c. Selection of respirators.
- d. Respirator fit tests.
- e. Use of respirators.
- f. Maintenance of respirators.
- g. Special problems associated with respirator use.

**In addition to the preceding, the following rules will be adhered to in the use of respiratory protection equipment.**

- g.1. Eye Glasses:** The use of regular eye glasses with any full-face respirator is prohibited as the stems prevent a gas tight seal from being formed. employees wearing glasses, and who may be required to wear a full-face respirator, as a temporary measure, may take an old pair of glasses and cut off a portion of the temple bars or remove them entirely and tape the glasses to the head. If the job is to be of a long duration, spectacle adaptor kits will be furnished.
- g.2. Contact Lenses:** Contact lens use will be reviewed on a case by case basis.
- g.3. Facial Hair:** No employee will be test fitted or issued a respirator if he has facial hair (beard) which interferes with the sealing surface or exhalation valve. Excess facial hair could cause leakage around the face piece, causing inhalation of toxic, poisonous or hazardous dusts or fumes. A closely trimmed mustache and moderate sideburns are allowable, provided there is no hindrance of the face piece seal.
- g.4. Hair Length:** Because of contamination to head, proper length of hair will be to the collar or shorter.
- g.5. Facial Depression - Missing Teeth:** When a proper face piece seal cannot be obtained due to an employee's facial depression (i.e. deep scar, missing teeth), that employee will not be assigned to work in areas requiring respirator usage.
- g.6. Work Periods:** Any work requiring the use of respirators will be closely supervised and durations of usage will be kept to a minimum. Personnel rotation will be used to reduce stress and strain when long durations are anticipated. Any employee who develops dizziness or illness will immediately exit the work area and notify the supervisor and/or first aid.

**By considering the natural heat and humidity and work conditions (confined spaces, etc.), the first line supervisor will monitor the additional psychological stress and ensure ample relief periods are granted.**

**Employees will not be assigned to tasks requiring the use of respirators until it has been determined that they are physically able to perform their work while using a respirator. This determination will be made by a physician based on what health and physical conditions are pertinent. The respirator user's respirator status will be reviewed annually.**

**Employees' personnel files will contain the results of annual physicals, respirator test fit certifications, and notations of any special conditions or capabilities of the employee regarding the employee's exposure to environments other than the normal work place.**

### **RESPIRATOR FIT TESTING**

Particular attention will be paid to the qualitative respirator fit test where the employee wearing a respirator will be exposed to an irritant smoke, odorous vapor, or other suitable test agent. An air purifying respirator must be equipped with air purifying elements which effectively remove the test agent for the inspired air. If the respirator wearer is unable to detect penetration of the test agent into the respirator, the respirator wearer has achieved the satisfactory fit with the respirator. It should be noted that while carrying out this respirator fit test, the wearer shall carry out a series of exercises which simulate work movements. The successful respirator fit test will be certified only for the specific make and model of respirator for which the employee obtained a satisfactory fit. At no time will an employee be allowed to wear a respirator for which a satisfactory test has not been completed. The respirator fit test certification form will be used to document which respirator that an individual has been approved to wear.

### **RESPIRATOR CONTROL AND MAINTENANCE**

While each employee is responsible for the maintenance and cleaning of his own respirator, the project foreman also assumes full responsibility for the cleaning and sanitizing, the inspection, and the repair and storage of his projects' respirators.

Each respirator will be cleaned and disinfected daily or more often, if necessary.

Where breathing air is used for supplied-air respirators, the air supply is regularly checked at project commencement and monthly to be sure it meets the quality requirements for Grade "D" breathing air. Where compressed air is used for breathing, the compressor for supplying air shall be equipped with necessary safety and stand-by devices. Suitable in-line air purifying absorbent bed and filters will be installed to assure breathing air quality. Alarms will be installed to indicate compressor failure and over-heating. If an oil-lubricated compressor is used, it will be equipped with a high temperature or carbon-monoxide alarm, or both.

Breathing air filtration equipment will be inspected at job commencement and weekly. Records will be kept of all inspections.

## RESPIRATOR TEST FIT CERTIFICATION

This is to certify that \_\_\_\_\_  
(Employee)

has been instructed in the proper use of the following  
respirators. In

addition, he has passed a qualitative fit test in these respirators

\_\_\_\_\_  
Respirator Brand and Number

\_\_\_\_\_  
Test Date

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Test Administered By

\_\_\_\_\_  
Respirator Brand and Number

\_\_\_\_\_  
Test Date

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Test Administered By

## **G. Negative Air Machine Filtration**

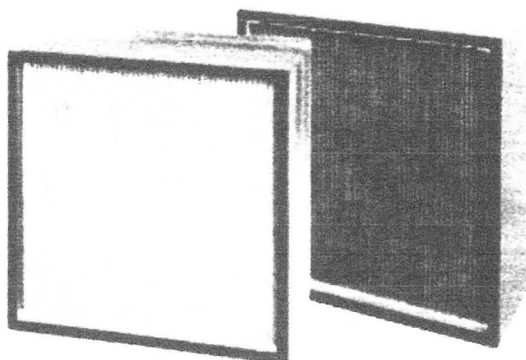
**HEPA, 2" Secondary Filter & 1/2" Pre Filter  
NC Filtration Air Filtration Products**

# NC FILTRATION

## AIR FILTRATION PRODUCTS

### Features

- 95% & 99.97% Efficiencies available
- Corrugated aluminum media separators
- Standard (18 pleats/ft.) or High-Capacity (36 pleats/ft.)
- Metal or particle board frames are available
- Sealed Internally with Urethane Sealant 5 7/8" & 11 1/2" Depths Available in All Sizes



### Design

NC Filtration HEPA filters are standardized using 5/8" particle board framing. Each frame is glued and stapled to provide a rigid enclosure for the media pack.

Metal frames fabricated of galvanized steel, aluminum or stainless steel are available for use where corrosion or temperature limits exceed those applicable for particle board frames.

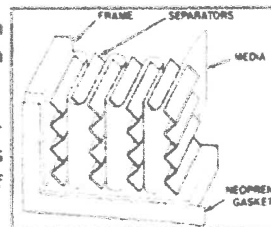
### Construction

**Media:** Each filter is constructed from one continuous sheet of high strength waterproof glass microfiber paper, sealed to the frame on all four edges.

**Separators:** Media separators are corrugated aluminum. A separator is placed between each pleat of media to prevent the pleats from touching. This allows the air to pass through with minimum of resistance.

**Adhesive Sealants:** Standard sealants utilized are fire retardant rubber bade adhesive and urethane sealant. These sealants are applied as a fluid and solidifies to provide a positive seal between media pack and frame.

**Gaskets:** All standard HEPA filters are equipped with a closed cell neoprene gasket. Placement is on the Downstream side of the filter unless otherwise specified. If a gasket is required on both sides of the filter, it must be indicated in the purchase order.



# HEPA FILTERS

## NC FILTRATION AIR FILTRATION PRODUCTS

### Pressure Drop

#### 99.97% DOP—HEPA FILTERS

Initial Pressure Drop—1.00" w.g.

SIZE H x W x D	WEIGHT	CUBIC FT. PER MINUTE (CFM)
8x8x5%	4	50
12x12x5%	8	135
12x24x5%	12	275
18x18x5%	17	310
18x24x5%	22	410
24x24x5%	23	600
24x30x5%	30	750
24x30x5%	32	900
24x48x5%	35	1230
24x60x5%	38	1550
30x72x5%	43	1895
30x24x5%	30	750
30x30x5%	33	925
30x36x5%	36	1150
30x48x5%	41	1550
30x60x5%	45	1960

SIZE H x W x D	WEIGHT	CUBIC FT. PER MINUTE (CFM)
30x72x5%	50	2350
36x24x5%	32	900
36x30x5%	36	1150
36x36x5%	40	1380
36x48x5%	46	1825
36x60x5%	53	2350
36x72x5%	60	2850
12x12x11%	16	275
12x24x11%	25	550
18x24x11%	30	800
23½x23½x11%	40	1000
24x24x11%	40	1100
24x30x11%	46	1375
24x36x11%	52	1650
24x48x11%	61	2150
30x24x11%	46	1375

#### 95% DOP—HEPA FILTERS

Initial Pressure Drop—1.00" w.g.

SIZE H x W x D	WEIGHT	CUBIC FT. PER MINUTE (CFM)
8x8x5%	4	105
12x12x5%	8	280
12x24x5%	12	575
23½x23½x11%	23	1200
24x24x5%	23	1300
24x30x5%	30	1625
24x36x5%	32	1950

SIZE H x W x D	WEIGHT	CUBIC FT. PER MINUTE (CFM)
24x48x5%	35	2600
12x12x11%	15	450
12x24x11%	25	910
23½x23½x11%	40	1850
24x24x11%	40	1900
24x30x11%	46	2500

NC FILTRATION  
AIR FILTRATION PRODUCTS

Phone: 704.822.4444 Fax: 704.822.1170

www.ncfiltration.com

H. Employee Medical Documentation

1. Scott Harper
2. Adam Myers
3. Michael Norton
4. Hector Pacheco

List of workers may be changed or added. Revised list and proper documentation will be supplied prior to the start of the project.



119B University Blvd.  
Harrisonburg, VA 22801  
Phone: (540) 434-5709  
Fax: (540) 434-5710  
www.valleyurgentcareva.com

REPORT OF MEDICAL EXAMINATION

Employee Name: Harper Scott Lee  
Last First Middle

Social Security (last four #'s): XXXX-XX- Employer: WACO INC

Date of Examination: 11/9/14

1. This employee DOES / DOES NOT have any detected medical condition that would place her/him at an increased risk of material health impairment from exposure hazardous materials.
2. There ARE / ARE NOT any recommended limitations on this employee or on his/her use of personal protective equipment such as respirators.  
Recommended limitations:
3. This employee has been informed of the results of the medical examination and of any medical conditions which she/he has.
4. This employee states that he/she DOES / DOES NOT smoke.  
This employee has been urged to stop smoking.
5. The exam has included a review of the OSHA respirator questionnaire.
6. Facial hair and respirator use has been discussed as applicable.
7. The physician or other licensed health professional (PLHCP) has provided this employee with a copy of the PLHCP's recommendation.
8. Comments:

Provider's Signature: [Signature]



# **I. Respiratory Protection Requirements – FOR RESPIRATOR USERS ONLY**

- a. The type of respirator to be used: ☒ Filtering face piece, disposable respirator (filter-mask or non-cartridge)  
☒ Half face ☐ Full face ☐ Air purifying ☐ Supplied air ☐ Self-contained breathing apparatus
- b. Duration of Use: 8 hours days months per year
- c. Expected physical work effort: ☒ Light ☒ Moderate ☐ Heavy exertion
- d. The following protective clothing is to be worn by the employee:  
☐ Light, street clothing ☒ Disposable Suit ☐ Heavy, thermal overalls
- e. The following represents the temperature conditions to be experienced by the employee:  
☒ Hot and arid ☒ Hot and humid ☒ Cool and arid ☒ Cool and humid ☐ Air conditioned

**TO LICENSED HEALTHCARE PROVIDER:** The above represents the respiratory protection requirements that the employee may need while at work. Please complete Part J.

## **J. RESPIRATOR WEAR CERTIFICATION - LICENSED HEALTHCARE PROFESSIONAL'S WRITTEN OPINION**

- a. I have reviewed my exam findings with the employee and have provided the employee with a written copy of my findings. Yes ☒
- b. The employee is physically fit to wear filtering face piece disposable respirator (filter-mask, or non-cartridge type). Yes ☒ No ☐
- c. The employee is physically fit to wear a half face, full face, air purifying, or supplied air respirator; or self-contained breathing apparatus. Yes ☒
- d. The employee has limitations in the use of a respirator. Explain: \_\_\_\_\_ Yes ☐ No ☒
- e. The employee is not medically fit to wear a respirator and requires a follow-up medical evaluation by his/her treating physician. Yes ☐ No ☒

## **K. MEDICAL CLEARANCE - LICENSED HEALTH CARE PROFESSIONAL/PHYSICIAN'S WRITTEN OPINION**

My medical recommendation is based on a review of the medical history, laboratory test results, physical exam, and type of job requirements of the position applied for or performed by the individual named below. I have informed the applicant/employee of these results.

- ☒ Class A - Medically qualified
- ☐ Class B - Medically qualified - Minor controllable impairments present (e.g., eyeglasses)
- Recommend:
- ☐ Class C - Medically qualified for modified work only in accordance with the following:  
 Restrictions:
- ☐ Class D - Medically unqualified for job title and job requirements listed above
- ☐ Class E - Temporarily medically unqualified (e.g., hernia or other correctable problem)  
 I request the following test:

LICENSED HEALTH CARE PROVIDER M. Kollman PA-C DATE 04/04/2015  
 Signature

LICENSED HEALTH CARE PROVIDER (Print Name) Melissa Kollman PA-C

EMPLOYEE/APPLICANT Adam J. Myers DATE 4-4-15  
 Signature

EMPLOYEE/APPLICANT (Print Name) ADAM J MYERS

**I. Respiratory Protection Requirements - FOR RESPIRATOR USERS ONLY**

- a. The type of respirator to be used: ☒ Filtering face piece, disposable respirator (filter-mask or non-cartridge)  
☒ Half face ☒ Full face ☐ Air purifying ☐ Supplied air ☐ Self-contained breathing apparatus
- b. Duration of Use: 5 hours ☐ 8 days ☐ 12 months per year
- c. Expected physical work effort: ☒ Light ☐ Moderate ☐ Heavy exertion
- d. The following protective clothing is to be worn by the employee:  
☐ Light, street clothing ☒ Disposable Suit ☐ Heavy, thermal overalls
- e. The following represents the temperature conditions to be experienced by the employee:  
☐ Hot and arid ☐ Hot and humid ☐ Cool and arid ☐ Cool and humid ☒ Air conditioned

**TO LICENSED HEALTHCARE PROVIDER:** The above represents the respiratory protection requirements that the employee may need while at work. Please complete Part J.

**J. RESPIRATOR WEAR CERTIFICATION - LICENSED HEALTHCARE PROFESSIONAL'S WRITTEN OPINION**

- a. I have reviewed my exam findings with the employee and have provided the employee with a written copy of my recommendations. ☒ Yes ☐ No
- b. The employee is physically fit to wear filtering face piece disposable respirator (filter-mask, or non-cartridge type). Yes ☒ No ☐
- c. The employee is physically fit to wear a half face, full face, air purifying, or supplied air respirator, or self-contained breathing apparatus. ☒ Yes ☐ No
- d. The employee has limitations in the use of a respirator. Explain \_\_\_\_\_ Yes ☐ No ☒
- e. The employee is not medically fit to wear a respirator and requires a follow-up medical evaluation by his/her private treating physician. Yes ☐ No ☒

**K. MEDICAL CLEARANCE - LICENSED HEALTH CARE PROFESSIONAL/PHYSICIAN'S WRITTEN OPINION**

The following medical recommendation is based on a review of the medical history, laboratory test results, physical exam, and type of physical requirements of the position applied for or performed by the individual named below. I have informed the applicant/employee of these results.

- ☒ Class A - Medically qualified
- ☐ Class B - Medically qualified - Minor controllable impairments present (e.g., eyeglasses)
- Recommend:
- ☐ Class C - Medically qualified for modified work only in accordance with the following:  
 Restrictions:
- ☐ Class D - Medically unqualified for job title and job requirements listed above
- ☐ Class E - Temporarily medically unqualified (e.g., hernia or other correctable problem)
- I request the following test.

LICENSED HEALTH CARE PROVIDER Melissa Kallman PA-C DATE 3-20-15  
 Signature

LICENSED HEALTH CARE PROVIDER (Print Name) Melissa Kallman, PA-C  
Dr. Elizabeth A. Swallow, MD

EMPLOYEE/APPLICANT Michael Norton DATE 3/20/15  
 Signature

EMPLOYEE/APPLICANT (Print Name) Michael Norton



**119B University Blvd.**  
**Harrisonburg, VA 22801**  
Phone: (540) 434-5709  
Fax: (540) 434-5710  
[www.valleyurgentcareva.com](http://www.valleyurgentcareva.com)

**REPORT OF MEDICAL EXAMINATION**

Employee Name: Pacheco Hector L.  
Last First Middle

Social Security (last four #'s): xxx-xx-xxxx Employer: WACO

Date of Examination: 8-29-14

1. This employee DOES / DOES NOT have any detected medical condition that would place her/him at an increased risk of material health impairment from exposure hazardous materials.
2. There ARE / ARE NOT any recommended limitations on this employee or on his/her use of personal protective equipment such as respirators.  
Recommended limitations:
3. This employee has been informed of the results of the medical examination and of any medical conditions which she/he has
4. This employee states that he/she DOES / DOES NOT smoke.  
This employee has been urged to stop smoking.
5. The exam has included a review of the OSHA respirator questionnaire.
6. Facial hair and respirator use has been discussed as applicable.
7. The physician or other licensed health professional (PLHCP) has provided this employee with a copy of the PLHCP's recommendation.
8. Comments:

Provider's Signature: [Signature]

**This concludes our Asbestos Removal Plan/  
Submittal Package for the Warren Campus Center -  
Post Office Project  
Asbestos Containing Building Materials**

## 4. Hillside Hall Abatement

### Proposal, Methodology & Timeline

4. Hillside Hall Abatement: Proposal, Methodology & Timeline  
RFP Reference Section:  
Page 4. Section V. Paragraph B. Item 2 and RFP Attachment F

Plan and methodology for providing the goods/services for the attached three (3) projects as described in Section IV “*Statement of Needs*” of this Request for Proposal



**James Madison University**

**Asbestos-Containing Building Material**

**Asbestos Removal Plan**

**Hillside Hall**

## Table Of Contents

1. Project Identification
2. Description Of Work
3. Location Of Work
4. Regulations And Specifications
5. Schedule
6. Submittals
  - A. Asbestos Plan
  - B. Materials
  - C. Notifications
  - D. Laboratory
  - E. Training
  - F. Respiratory Protection Program
  - G. Negative Air Machine Filtration
  - H. Employee Medical Documentation

1. Project Identification

This project is known as Hillside Hall, a facility located on the campus of James Madison University.

2. Description Of Work

The Hillside Hall project requires the removal and disposal of approximately 33,144 square feet of Category 1, miscellaneous non-friable asbestos-containing flooring materials from any surfaces upon which these materials may be adhered and/or present.

The project requires the thorough decontamination of the designated areas of the facility from which asbestos-containing and asbestos contaminated materials are removed.

3. Location Of Work

This project primarily will involve student bedrooms, study rooms, laundry rooms, and corridors.

4. Regulations And Specifications

All work shall be performed in accordance with applicable Federal, State and Local laws, rules and regulations. Additionally, the requirements stated in the project specifications are applicable.

5. Schedule

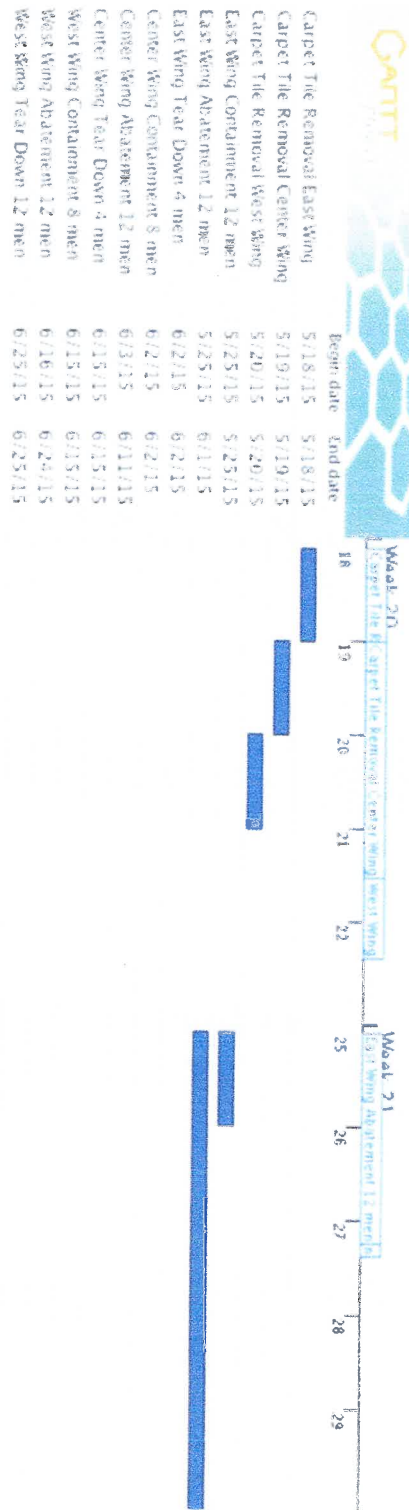
This project is scheduled to be performed during the time period provided in the specifications:

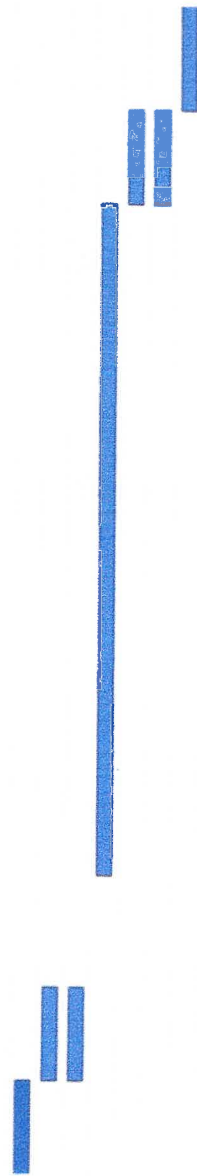
Start - 5/18/15

Completion - 6/25/15

See attached Gantt Chart for specific phasing and man power.







## 6. Submittals

### A. Asbestos Plan

A 20 day notification will be filed to the Department of Labor and Industry as well as a 10 day notification to the Environmental Protection Agency. The Notification will start 5/25/15 and end 6/25/15.

This project will consist of the removal of approximately 13,144 sf of asbestos containing floor tile and mastic primarily located in the student bedrooms, study rooms, laundry rooms and access corridors on the first, second and third floors. This project will consist of 3 phases. Phase 1 will be the East Wing. Phase 2 will be the Center Wing and Phase 3 will be the West Wing.

Each wing/ phase will be a separate containment consisting of all three floors as one containment.

The containments will consist of a three stage personnel decontamination unit at the entrance to the work areas, critical barriers consisting of two layers of 6-mil polyethylene and polyethylene splashguards throughout the work area. Sufficient, HEPA filtrated, negative air machines will be used to maintain a .02 negative pressure containment. Negative air machines will be exhausted outside through existing windows.

All persons entering the containment areas will have all proper PPE consisting of full hooded suits, proper respirators, safety glasses and foot coverings. All persons will have up to date documentation of asbestos license, training certificate, medical documentation and respirator fit test.

Floor tile will be removed using floor tile scrappers and electric demo hammers equipped with 4" wide blades. Once the floor tile is removed, we will search for cracks and other penetrations in the concrete. All cracks and penetrations found will be sealed to prevent the leakage of mastic remover from the contained work area. The mastic will be removed with hand scrappers and buffers. We will use Grayling Control Low Odor Mastic Remover to aid in the removal.

All materials being removed will first be placed into woven bags and then into two 6 mil thick asbestos bags. The bags will be properly goose necked prior to removal from the containment areas.

Once all the floor tile and mastic has been removed, all base cove and associated adhesive will be removed. Side grinders equipped with stiff wire brush heads will be used to aid in the removal of the base cove adhesive.

After all floor tile, mastics, base coves and base cove adhesives are removed we will decontaminate the work areas by wet wiping and HEPA vacuuming all surfaces.

All flooring in which mastic was removed will be thoroughly mopped with Mr. Clean cleaning agent.

The containment areas will be torn down after notification of passed final air sampling.

**B. Materials**

6 mil Polyethylene Sheeting  
Duct Tape  
Blue "No Mar" Tape  
Poly Pro Suits  
Nexgen Suits ( Poly Coated )  
Safety Glasses  
Grayling Control Low Odor Mastic Remover  
Rags  
Mr. Clean Cleaning Agent  
Woven Bags  
6 mil Asbestos Disposal Bags  
Asbestos Warning Signs  
Poly Exhaust Tubing  
20" Buffer Pads  
Rubber Gloves  
Leather Palm Gloves  
Rubber Boots  
Wetting Agent  
Encapsulant MEI 44-15  
North P100 Respirator Filter Cartridges  
Disposable Decontamination Units  
Spray Adhesive

**MSDS / SDS IMMEDIATELY FOLLOW**



## Material Safety Data Sheet

Creation Date 22-Nov-2010

Revision Date 29-Mar-2013

Revision Number 4

### 1. PRODUCT AND COMPANY IDENTIFICATION

**Product Name** Triton® X-100

**Cat No.** AC215680000; AC215680010; AC215680025; AC215680050;  
AC215682500

**Synonyms** Polyoxyethylene octylphenyl ether

**Recommended Use** Laboratory chemicals

**Company**  
Fisher Scientific  
One Reagent Lane  
Fair Lawn, NJ 07410  
Tel: (201) 796-7100

**Entity / Business Name**  
Acros Organics  
One Reagent Lane  
Fair Lawn, NJ 07410

**Emergency Telephone Number**  
For information in the US, call: 001-800-  
ACROS-01  
For information in Europe, call: +32 14 57 52  
11

Emergency Number, Europe: +32 14 57 52 99  
Emergency Number, US: 001-201-796-7100

CHEMTREC Phone Number, US: 001-800-  
424-9300  
CHEMTREC Phone Number, Europe: 001-  
703-527-3887

### 2. HAZARDS IDENTIFICATION

#### **WARNING!**

#### **Emergency Overview**

Harmful if swallowed. Risk of serious damage to eyes. Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

**Appearance** Clear

**Physical State** Liquid

**Odor** No information available

**Target Organs**

Eyes

**Potential Health Effects**

**Acute Effects**

**Principle Routes of Exposure**

**9. PHYSICAL AND CHEMICAL PROPERTIES**

Specific Gravity	1.067
Solubility	No information available.
log Pow	No data available
Molecular Weight	646.85
Molecular Formula	C34 H62 O11

**10. STABILITY AND REACTIVITY**

Stability	Stable under normal conditions.
Conditions to Avoid	Incompatible products. Excess heat. Exposure to air. Exposure to light. Exposure to moist air or water.
Incompatible Materials	Strong oxidizing agents. Strong acids. Strong reducing agents
Hazardous Decomposition Products	Carbon monoxide (CO), Carbon dioxide (CO <sub>2</sub> )
Hazardous Polymerization	Hazardous polymerization does not occur.
Hazardous Reactions	None under normal processing.

**11. TOXICOLOGICAL INFORMATION**Acute ToxicityComponent Information

Component	LD50 Oral	LD50 Dermal	LC50 Inhalation
Poly(oxy-1,2-ethanediyl), alpha-[4-(1,1,3,3-tetramethylbutyl)phenyl]-, omega.-hydroxy-	1800 mg/kg ( Rat )	Not listed	Not listed

Irritation	Severe eye irritant
Toxicologically Synergistic Products	No information available.
<u>Chronic Toxicity</u>	
Carcinogenicity	There are no known carcinogenic chemicals in this product
Sensitization	No information available.
Mutagenic Effects	No information available.
Reproductive Effects	Experiments have shown reproductive toxicity effects on laboratory animals.
Developmental Effects	Developmental effects have occurred in experimental animals.
Teratogenicity	No information available.
Other Adverse Effects	The toxicological properties have not been fully investigated.. See actual entry in RTECS for complete information.
Endocrine Disruptor Information	

Component	EU - Endocrine Disruptors Candidate List	EU - Endocrine Disruptors - Evaluated Substances	Japan - Endocrine Disruptor Information
Poly(oxy-1,2-ethanediyl), .alpha.-[4-(1,1,3,3-tetramethylbutyl)phenyl]- -omega.-hydroxy-	Group III Chemical	Not applicable	Not applicable

## 12. ECOLOGICAL INFORMATION

### Ecotoxicity

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment. Do not empty into drains.

Component	Freshwater Algae	Freshwater Fish	Microtox	Water Fleas
Poly(oxy-1,2-ethanediyl), .alpha.-[4-(1,1,3,3- tetramethylbutyl)phenyl]- -omega.-hydroxy-	Not listed	LC50 = 8.9 mg/L 96h	Not listed	EC50 = 26 mg/L 48h

**Persistence and Degradability** No information available

**Bioaccumulation/ Accumulation** No information available

**Mobility** No information available

## 13. DISPOSAL CONSIDERATIONS

### Waste Disposal Methods

Chemical waste generators must determine whether a discarded chemical is classified as a hazardous waste. Chemical waste generators must also consult local, regional, and national hazardous waste regulations to ensure complete and accurate classification

## 14. TRANSPORT INFORMATION

**DOT** Not regulated

**TDG** Not regulated

**IATA** Not regulated

**IMDG/IMO** Not regulated

## 15. REGULATORY INFORMATION

### International Inventories

Component	TSCA	DSL	NDSL	EINECS	ELINCS	NLP	PICCS	ENCS	AICS	CHINA	KECL
Poly(oxy-1,2-ethanediyl), .alpha.-[4-(1,1,3,3- tetramethylbutyl)phenyl]- -omega.-hydroxy-	XU	X	-	-	-		X	X	X	X	X

Legend:  
X - Listed

E - Indicates a substance that is the subject of a Section 5(e) Consent order under TSCA.  
F - Indicates a substance that is the subject of a Section 5(f) Rule under TSCA.  
N - Indicates a polymeric substance containing no free-radical initiator in its inventory name but is considered to cover the designated polymer made with any free-radical initiator regardless of the amount used.  
P - Indicates a commenced PMN substance.  
R - Indicates a substance that is the subject of a Section 6 risk management rule under TSCA.  
S - Indicates a substance that is identified in a proposed or final Significant New Use Rule.  
T - Indicates a substance that is the subject of a Section 4 test rule under TSCA.  
XU - Indicates a substance exempt from reporting under the Inventory Update Rule, i.e. Partial Updating of the TSCA Inventory Data Base Production and Site Reports (40 CFR 710(B)).  
Y1 - Indicates an exempt polymer that has a number-average molecular weight of 1,000 or greater.  
Y2 - Indicates an exempt polymer that is a polyester and is made only from reactants included in a specified list of low concern reactants that comprises one of the eligibility criteria for the exemption rule.

**U.S. Federal Regulations**

TSCA 12(b) Not applicable

**SARA 313**

Not applicable

**SARA 311/312 Hazardous Categorization**

Acute Health Hazard	Yes
Chronic Health Hazard	No
Fire Hazard	No
Sudden Release of Pressure Hazard	No
Reactive Hazard	No

**Clean Water Act**

Not applicable

**Clean Air Act**

Not applicable

**OSHA**

Not applicable

**CERCLA**

Not Applicable

**California Proposition 65**

This product does not contain any Proposition 65 chemicals.

**State Right-to-Know**

Not applicable

**U.S. Department of Transportation**

Reportable Quantity (RQ):	N
DOT Marine Pollutant	N
DOT Severe Marine Pollutant	N

**U.S. Department of Homeland Security**

This product does not contain any DHS chemicals.

**Other International Regulations**

Mexico - Grade	No information available
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Canada

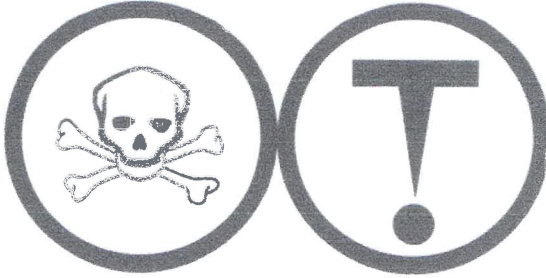


This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all the information required by the CPR.

**WHMIS Hazard Class**

D1B Toxic materials

D2B Toxic materials

**16. OTHER INFORMATION**

<b>Prepared By</b>	Regulatory Affairs Thermo Fisher Scientific Email: EMSDS.RA@thermofisher.com
<b>Creation Date</b>	22-Nov-2010
<b>Print Date</b>	29-Mar-2013
<b>Revision Summary</b>	(M)SDS sections updated 14

**Disclaimer**

The information provided on this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guide for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered as a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other material or in any process, unless specified in the text.

End of MSDS



The Procter & Gamble Company  
P&G Household Care  
Fabric & Home Care Innovation Center  
5299 Spring Grove Avenue  
Cincinnati, OH 45217-1087

## MATERIAL SAFETY DATA SHEET

MSDS #: RQ1007735r1  
Supersedes: RQ1007735

Issue Date: 05/2012

### SECTION I - PRODUCT IDENTIFICATION

**Identity:** Multi-Purpose Cleaner **Finished Product**  
**Brands:** Mr. Clean with Febreze Freshness Multi-Surface Liquid Cleaner (Meadows & Rain, Lavender Vanilla & Comfort, Hawaiian Aloha, New Zealand Springs)  
Mr. Clean with Gain Scent Multi-Surface Liquid Cleaner (Original Fresh scent, Apple Berry Twist Scent, Lavender Scent)  
**P&G Telephone Number:** 1-800-742-9220 or call Local Poison Control Center or your physician.  
**Emergency (24 hour) Telephone Number:** CHEMTREC 1-800-424-9300 U.S. and Canada,  
or 1-703-527-3887 - for calls originating elsewhere.

### SECTION II - HAZARDS IDENTIFICATION

#### Potential Health Hazards:

**Routes of exposure:** Ingestion. Inhalation. Skin contact. Eye contact.

Ingestion: May be harmful if swallowed.

Eye Contact: Mild eye irritant.

Skin Contact: Mild skin irritant.

Inhalation: N/A

#### Signs and Symptoms of Exposure:

Ingestion: Oral ingestion may result in transient system effects (ataxia and muscle weakness) and/or gastrointestinal irritation with nausea, vomiting or diarrhea. This product contains alcohol ethoxylates. Large ingestions (>2 ml/kg) may also cause symptoms of alcohol-like intoxication, lack of coordination, drowsiness, inarticulateness or ataxia. Alcohol ethoxylates may contribute to central nervous system symptoms. Possible mild gastrointestinal irritation with nausea, vomiting and/or diarrhea. Large ingestions may cause temporary dizziness, lack of coordination and headache.

Eye Contact: Instillation into the eye may result in transient superficial effects similar to those produced by mild toilet soaps and detergents.

Skin Contact: Use on irritated or extremely dry skin may aggravate the existing condition.

Inhalation: N/A

Medical Conditions Generally Known to be Aggravated by Exposure: N/A

**Potential Environmental Effects:** See Section 12 for more information

**SECTION III - COMPOSITION AND INGREDIENTS**

Hazardous Ingredients as defined by OSHA, 29 CFR 1910.1200, and/or WHMIS under the HPA:

<u>Chemical Name</u>	<u>Common Name</u>	<u>CAS No.</u>	<u>Composition Range</u>	<u>LD50/LC50</u>
Alcohol ethoxylates		68439-46-3	1-5%	LD50 (rat, oral) = 200-2000 mg/kg

**SECTION IV - FIRST AID INFORMATION****First Aid Procedures:**

Ingestion: Drink 1-2 glasses of water and call a physician or poison control center (product contains alcohol ethoxylates). Do not induce vomiting unless they tell you to do so.

Eye Contact: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a poison control center or doctor for treatment advice if irritation persists.

Skin: Thoroughly wash exposed area with soap and water and discontinue use. Remove contaminated clothing. If irritation persists, call a physician.

Inhalation: Remove to fresh air.

**Note to Physician:** (if applicable): N/A

**Other:** Consumer product package has the following precautionary statement: "**CAUTION: EYE IRRITANT. KEEP OUT OF REACH OF CHILDREN.** Avoid contact with eyes. If in eyes, hold eyes open and rinse gently with water for 15-20 minutes. If wearing contacts, remove lenses after first 5 minutes and continue rinsing. If irritation persists, call a physician. If swallowed, drink 1-2 glasses of water and call a physician or poison control center (product contains alcohol ethoxylates) — do not induce vomiting unless they tell you to do so. Have the product container or label with you when calling or going for treatment.

**SECTION V - FIRE FIGHTING INFORMATION**

**Flash Point (Method Used):** >200°F / >93.3°C (ASTM D-93 Pensky-Martens Closed Cup).

**Flammable Properties:**

Upper Flammable Limit: N/A

Lower Flammable Limit: N/A

**Explosive Limits:** UEL: N/A LEL: N/A

**Auto-ignition Temperature:** N/A

**Hazardous Combustion Products:** None known.

**Explosion Data (Sensitivity to Mechanical Impact):** N/A

**Explosion Data (Sensitivity to Static Discharge):** N/A

**Extinguishing Media:**

Suitable: CO<sub>2</sub>, water, dry chemical or "alcohol" foam. Use water to keep fire-exposed container cool.

Unsuitable: N/A

**Protection of Firefighters:**

Specific Hazards Arising from the Material: None.

Protective Equipment and Precautions for Firefighters: No unusual precautions necessary.

#### SECTION VI - ACCIDENTAL RELEASE MEASURES

**Personal Precautions:** See Section VIII below.

**Environmental Precautions:** DISPOSAL IS TO BE PERFORMED IN COMPLIANCE WITH ALL FEDERAL, STATE/PROVINCIAL AND LOCAL REGULATIONS. Do not landfill. Small (household) quantities may be disposed of via sewer with large quantities of water. Incineration is preferred where permitted.

**Methods for Containment:** Prevent spills from reaching a waterway.

**Methods for Cleanup:** Use water spray to dilute and/or wash away spills to avoid exposure and to protect persons working to stop/repair leak. Absorb spilled product onto absorbent material.

**Other Information:** (if applicable) N/A

#### SECTION VII - HANDLING AND STORAGE

**Precautions To Be Taken in Handling:** Handle in a well ventilated, cool and dry area.

**Precautions To Be Taken in Storage:** Storage must be in a well ventilated, cool and dry area.

#### SECTION VIII - EXPOSURE CONTROLS / PERSONAL PROTECTION

**Exposure Guidelines:** N/A

**Engineering Controls:**

**Ventilation Mechanical (General):** Normal/general dilution ventilation is acceptable.

**Personal Protective Equipment (PPE):**

**Eye/Face Protection:** None required with normal consumer use. *Occupational Setting:* For splash protection, use chemical goggles. Eye Wash fountain is desirable.

**Skin Protection:** None required with normal consumer use. *Occupational Setting:* Protective gloves (rubber, neoprene) should be used for prolonged direct contact. **Respiratory Protection:** None required with normal use.

#### SECTION IX - PHYSICAL AND CHEMICAL PROPERTIES

**Appearance (color, physical form, shape):**  
Colored liquids (blue, red, pinkish/purple and orange). Packaged in a pourable plastic bottle.

**Odor:** Products are perfumed.

**Odor Threshold:** N/A

**Physical State:** Liquid.

**Vapor Pressure (mm Hg):** N/A

**Vapor Density (Air=1):** N/A

**Boiling Point:** N/A

**Partition Coefficient (n-octanol/water):** N/A

**Volatile Organic Compound (VOC):** Products comply with US State and Federal regulations for VOC content.

**Flash Point (Method Used):** >200°F / >93.3°C (ASTM D-93 Pensky-Martens Closed Cup.)

**Reserve Alkalinity:** N/A

**Solubility in Water:** Completely

**Decomposition Temperature:** N/A

**Evaporation Rate (nBuOAc=1):** Unknown

**Specific Gravity/Density:** 1.019 g/cm<sup>3</sup>

**Melting/Freezing Point:** N/A

**pH (neat):** 9.5

#### SECTION X - STABILITY AND REACTIVITY

**Chemical Stability:** Stable

**Conditions to Avoid:** None known.

**Incompatible Materials:** None known.

**Hazardous Decomposition Products:** None known.

**Hazardous Polymerization:** None known.

**SECTION XI - TOXICOLOGICAL INFORMATION**

**Chronic Effects:** No chronic health effects reported.

**Target Organs:** No target organs reported.

**Carcinogenicity:** This finished consumer product is not carcinogenic.

NTP: No

IARC: No

*All product ingredients were checked for NTP and IARC carcinogen listings relevant to this product formulation.*

**SECTION XII - ECOLOGICAL INFORMATION**

**Environmental effects:** No concerns at relevant environmental concentrations.

**SECTION XIII - DISPOSAL CONSIDERATIONS**

**Waste Disposal Method:** Disposal is to be performed in compliance with federal, state/provincial and local regulations.

**Non-Household Setting (US Federal):** Products covered by this MSDS, in their original form, when disposed as waste, are considered non-hazardous waste according to Federal RCRA regulations (40 CFR 261).

California Hazardous Waste: Yes

**Household Use:** Consumers may dispose of small (household) quantities down the drain with large quantities of water. Discard empty container in trash or rinse and recycle container where facilities exist.

**SECTION XIV - TRANSPORT INFORMATION**

**Ground Transport (US DOT):** Not regulated.

**Air Transport (IATA):** Not regulated.

**Marine/Water Transport (IMDG):** Not regulated.

**SECTION XV - REGULATORY INFORMATION****United States**

All intentionally-added components of these products are listed on the US TSCA Inventory.

SARA 313/302/304/311/312 chemicals: None.

**California:** These products have been evaluated and do not require warning labeling under California Proposition 65.

California Registration Number: N/A

**State Right-to-Know and CERCLA:**

The following ingredients present in the finished products at >1% (or 0.1% for carcinogens) are listed on state right-to-know lists or state worker exposure lists:

Ingredient	CAS#	CERCLA RQ	Max Level	State				
				IL	MA	NJ	PA	RI

**Canada**

All ingredients are CEPA approved for import to Canada by Procter & Gamble. This product has been classified in accordance with the hazard criteria of the Canadian Controlled Products Regulations (CPR) and this MSDS contains all information required by the Controlled Products Regulations.

#### SECTION XVI - OTHER INFORMATION

Perfumes contained within the products covered by this MSDS comply with appropriate IFRA guidance.

<b>P&amp;G Hazard Ratings:</b>	<b>Health:</b> 1	<b>4 = EXTREME</b>
	<b>Flammability:</b> 0	<b>3 = HIGH</b>
	<b>Physical hazard:</b> 0	<b>2 = MODERATE</b>
		<b>1 = SLIGHT</b>
		<b>0 = NOT SIGNIFICANT</b>

\*N/A. - Not Applicable

\*N/K. - Not Known

Data supplied is for use only in connection with occupational safety and health.

**DISCLAIMER:** This MSDS is intended to provide a brief summary of our knowledge and guidance regarding the use of this material. The information contained here has been compiled from sources considered by Procter & Gamble to be dependable and is accurate to the best of the Company's knowledge. It is not meant to be an all-inclusive document on worldwide hazard communication regulations.

This information is offered in good faith. Each user of this material needs to evaluate the conditions of use and design the appropriate protective mechanisms to prevent employee exposures, property damage or release to the environment. Procter & Gamble assumed no responsibility for injury to the recipient or third persons, or for any damage to any property resulting from misuse of the product.

# Material Safety Data Sheet

## GREASED LIGHTNING® MULTI-PURPOSE CLEANER & DEGREASER

Version: 1.0

Revision Date: 12/20/2011

Print Date: 02/16/2012

### SECTION 1. PRODUCT AND COMPANY IDENTIFICATION

Product name: **GREASED LIGHTNING® MULTI-PURPOSE CLEANER & DEGREASER**

Product Use Description: **Home Care Product**

Company: HomeCare Labs, Inc.  
P.O. Box 491150  
Lawrenceville, GA  
30049-1002

Telephone: (800) 949-7946

Emergency telephone number: CHEMTREC: (24 hours) 800-424-9300, 703-527-3887  
Poison Control Center (Medical) :: (877) 800-5553

For additional emergency telephone numbers see section 16 of the Safety Data Sheet.

Prepared by: Product Safety Department  
(US) +1 866-430-2775

12/20/2011

MSDSRequest@chemtura.com

### SECTION 2. HAZARDS IDENTIFICATION

#### Emergency Overview

#### Danger

Form: liquid      Colour: clear      Odour: Clean, fresh fragrance

Hazard Summary : Eye burns may occur.  
Causes eye irritation.  
Harmful if swallowed.  
Harmful by inhalation.  
Causes skin irritation.

OSHA Hazards : IRRITANT

#### Potential Health Effects

Primary Routes of Entry : Eye contact  
Inhalation  
Ingestion  
Skin contact

Inhalation : Harmful if inhaled.

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	Causes respiratory tract irritation.
Skin	: Causes skin irritation.
Eyes	: Eye burns may occur. Causes eye irritation.
Ingestion	: Ingestion may cause gastrointestinal irritation, nausea, vomiting and diarrhoea.
Chronic Exposure	: None known.
Carcinogenicity:	
IARC	No component of this product present at levels greater than or equal to 0.1% is identified as probable, possible or confirmed human carcinogen by IARC.
OSHA	No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by OSHA.
NTP	No component of this product present at levels greater than or equal to 0.1% is identified as a known or anticipated carcinogen by NTP.
ACGIH	No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by ACGIH.

**SECTION 3. COMPOSITION/INFORMATION ON INGREDIENTS**

**Hazardous components**

Component / CAS-No.	Weight percent
(2-methoxymethylethoxy)propanol 34590-94-8	< 5 %

**SECTION 4. FIRST AID MEASURES**

**First aid procedures**

Inhalation	: Remove person to fresh air. If signs/symptoms continue, get medical attention. Call a physician or poison control centre immediately.
Skin contact	: Rinse immediately with plenty of water for at least 15 minutes. Get medical attention if irritation develops and persists.
Eye contact	: Rinse immediately with plenty of water for at least 15 minutes. Remove contact lenses, if present, after 5 minutes, then continue rinsing eye. Call a physician or poison control centre immediately.
Ingestion	: If swallowed, DO NOT induce vomiting. Drink 1 or 2 glasses of water. Call a physician or poison control centre immediately.

**SECTION 5. FIREFIGHTING MEASURES**

**Flammable properties**

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Flash point : 200 °F (93 °C)

**Fire fighting**

Suitable extinguishing media : Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.

Further information : There are no unusual fire and explosion hazards known.

**Protective equipment and precautions for firefighters**

Special protective equipment for firefighters : In the event of fire, wear self-contained breathing apparatus. Thoroughly decontaminate fire fighting equipment including all fire fighting wearing apparel after the incident.

**SECTION 6. ACCIDENTAL RELEASE MEASURES**

Methods for containment /  
Methods for cleaning up : Using appropriate protective clothing and safety equipment, contain spilled material.  
Clean-up methods - small spillage  
Flush with plenty of water.  
Clean-up methods - large spillage  
Soak up with inert absorbent material.  
Using clean dedicated equipment, sweep and scoop all spilled material, contaminated soil, and other contaminated material and place into clean dry containers for disposal.

Additional advice : Treat recovered material as described in the section "Disposal considerations".

**SECTION 7. HANDLING AND STORAGE**

**Handling**

Handling procedures : Avoid contact with mucous membranes.  
Avoid contact with skin, eyes and clothing.  
Mix only with water.  
Do not mix with other chemicals.  
Wash hands thoroughly with soap and water after handling and before eating, drinking or using tobacco.  
Do not handle until all safety precautions have been read and understood.

**Storage**

Requirements for storage areas and containers : Store in original container.  
Store in a cool, dry, well ventilated area away from heat or open flame.  
Keep out of reach of children.  
Keep away from animals.

**SECTION 8. EXPOSURE CONTROLS/PERSONAL PROTECTION**

**Exposure Guidelines**

**Components with workplace control parameters**

Components / CAS-No.	Value / Basis /	Control	Further information
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# **Material Safety Data Sheet** **GREASED LIGHTNING® MULTI-PURPOSE CLEANER & DEGREASER**

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(2-methoxymethylethoxy)propanol 34590-94-8	Update	parameters	
	TWA	100 ppm	
	ACGIH 2007-01-01		
	STEL	150 ppm	
	ACGIH		
	2007-01-01		
	TWA	100 ppm 600 mg/m3	
	OSHA P1		
	1997-08-04		
	TWA	100 ppm 600 mg/m3	
	OSHA P0		
	1989-01-19		
	STEL	150 ppm 900 mg/m3	
	OSHA P0		
	1989-01-19		
2,2'-iminodiethanol 111-42-2	TWA	3 ppm 15 mg/m3	
	OSHA P0		
	1989-01-19		
	TWA	1 mg/m3	
	ACGIH		
	2009-01-01		

## **Engineering measures**

Engineering measures : Use with adequate ventilation.  
 Not expected to present a significant inhalation hazard under anticipated conditions of normal use.  
 Ensure that eyewash stations and safety showers are close to the workstation location.

## **Personal protective equipment**

Eye protection : Safety glasses with side-shields

Hand protection : Wear rubber gloves.

Respiratory protection : No personal respiratory protective equipment normally required.  
 If product is used in an area with poor ventilation and mist or vapor is expected, a respirator that meets OSHA/ANSI standards may be required.

Hygiene measures : Handle in accordance with good industrial hygiene and safety practice.  
 Remove and wash contaminated clothing before re-use.  
 Wash thoroughly after handling.

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**SECTION 9. PHYSICAL AND CHEMICAL PROPERTIES**

**Appearance**

Form : liquid  
Colour : clear  
Odour : Clean, fresh fragrance

**Safety data**

Flash point : 200 °F (93 °C)  
pH : 12.8  
Freezing point : Note: Not Available  
Boiling point/boiling range : 213.1 °F (100.6 °C)  
Vapour pressure : Note: Not Available  
Density : 0.995 - 1.015 g/cm3  
Water solubility : 100 g/l  
Relative vapour density : Note: Heavier than air  
Evaporation rate : Note: Equal to water

**SECTION 10. STABILITY AND REACTIVITY**

Conditions to avoid : Remarks: High temperatures.  
Poor ventilation.  
Contamination  
Materials to avoid : Remarks: Ammonia  
Chlorine bleach  
Oxidizing agents  
Other chemicals  
Hazardous decomposition products : Note: Carbon oxides  
Hazardous reactions : Hazardous polymerisation does not occur.

**SECTION 11. TOXICOLOGICAL INFORMATION**

Acute oral toxicity  
(2-methoxymethyl:ethoxy)propa  
nol : LD50: > 2,000 mg/kg  
Species: rat

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Acute inhalation toxicity (2-methoxymethylethoxy)propa nol	: LC50: Exposure time: 7 h Species: rat
Acute dermal toxicity (2-methoxymethylethoxy)propa nol	: LD50: > 2,000 mg/kg Species: rabbit
Skin irritation	: Remarks: May cause skin irritation.
Eye irritation	: Remarks: Irritating to eyes. Eye burns may occur.
Sensitisation (2-methoxymethylethoxy)propa nol	: Species: Human Classification: Did not cause sensitization on laboratory animals.
Teratogenicity (2-methoxymethylethoxy)propa nol	: Species: rat Application Route: Inhalation
CMR effects (2-methoxymethylethoxy)propa nol	: Carcinogenicity: Animal testing did not show any carcinogenic effects. Mutagenicity: Animal testing did not show any mutagenic effects. Teratogenicity: No effects on or via lactation Reproductive toxicity: No toxicity to reproduction

## **12. ECOLOGICAL INFORMATION**

Toxicity to fish (2-methoxymethylethoxy)propa nol	: LC50: > 5,000 mg/l Exposure time: 96 h  Species: Pimephales promelas (fathead minnow) static test
Toxicity to daphnia and other aquatic invertebrates (2-methoxymethylethoxy)propa nol	: LC50: 1.919 mg/l Exposure time: 48 h Species: Daphnia magna (Water flea) static test
Toxicity to algae (2-methoxymethylethoxy)propa nol	: EC50: > 969 mg/l Exposure time: 72 h Species: Algae Growth inhibition
Toxicity to daphnia and other aquatic invertebrates (Chronic toxicity) (2-methoxymethylethoxy)propa	: NOEC: 0.5 mg/l Exposure time: 22 d

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no1  
Survival and growth  
Species: Daphnia magna (Water flea)  
flow-through test

Bioaccumulation  
(2-methoxymethylethoxy)propa  
no1 : Bioconcentration factor (BCF): < 1

Biodegradability  
(2-methoxymethylethoxy)propa  
no1 : aerobic  
Result: Readily biodegradable.  
79 %

**Further information on ecology**

Additional ecological  
information : no data available

**SECTION 13. DISPOSAL CONSIDERATIONS**

Further information : Dispose of waste material in compliance with all federal, state, and  
local regulations.  
Recycle or dispose of container in trash.  
Contaminated packaging : Do not re-use empty containers.  
Rinse thoroughly before discarding in trash.  
Offer rinsed packaging material to local recycling facilities.

**SECTION 14. TRANSPORT INFORMATION**

**DOT**

Not dangerous goods

**IATA**

UN number : 3267  
Description of the goods : Corrosive liquid, basic, organic, n.o.s.  
(CONTAINS SODIUM HYDROXIDE)  
Class : 8  
Packing group : III  
Labels : 8  
Environmentally hazardous : no

**IMDG**

UN number : 3267  
Description of the goods : CORROSIVE LIQUID, BASIC, ORGANIC, N.O.S.  
(CONTAINS SODIUM HYDROXIDE)  
Class : 8  
Packing group : III  
EmS Number 1 : F-A  
EmS Number 2 : S-B  
Marine pollutant : no  
Environmentally hazardous : no

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Not recommended for shipment by air  
Limited Quantity exemption possible

**SECTION 15. REGULATORY INFORMATION**

**OSHA Hazards** : Irritant  
**SARA 302 Reportable Quantity** :  
**SARA 311/312 Hazards** : Acute Health Hazard

**EPCRA - EMERGENCY PLANNING COMMUNITY RIGHT - TO - KNOW**

**SARA 302 Reportable Quantity** :  
**SARA 304 Components** : This material does not contain any components with a section 304 EHS RQ.

**Massachusetts Right To Know Components** : (2-methoxymethylethoxy)propanol 34590-94-8 OSHA a. United states occupational safety and health administration substances, 29 cfr 1910.1000, sub part z. ACGIH American conference of governmental industrial hygienists threshold limit value (TLV) substances CERCLA hazardous substances, 40 cfr part 302. May be subject to emergency release notification under SARA Title III.  
dodecylbenzenesulphonic acid 27176-87-0 CERCLA hazardous substances, 40 cfr part 302. May be subject to emergency release notification under SARA Title III.

**Pennsylvania Right To Know Components** : water 7732-18-5  
(2-methoxymethylethoxy)propanol 34590-94-8 OSHA a. United states occupational safety and health administration substances, 29 cfr 1910.1000, sub part z. ACGIH American conference of governmental industrial hygienists threshold limit value (TLV) substances CERCLA hazardous substances, 40 cfr part 302. May be subject to emergency release notification under SARA Title III.  
dodecylbenzenesulphonic acid 27176-87-0 CERCLA hazardous substances, 40 cfr part 302. May be subject to emergency release notification under SARA Title III.

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SDS Number: 000000000000

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sodium hydroxide 1310-73-2 OSHA a. United states occupational safety and health administration substances, 29 cfr 1910.1000, sub part z.  
ACGIH American conference of governmental industrial hygienists threshold limit value (TLV) substances  
NFPA49 national fire protection association 'hazardous chemicals data' substances (NFPA 49).  
CERCLA hazardous substances, 40 cfr part 302. May be subject to emergency release notification under SARA Title III.  
Toxic chemical release substances, 52 fr 21152 (6/4/87).  
Subject to SARA Title III.

2,2'-iminodiethanol 111-42-2 ACGIH American conference of governmental industrial hygienists threshold limit value (TLV) substances  
Toxic chemical release substances, 52 fr 21152 (6/4/87).  
Subject to SARA Title III.

**New Jersey Right To  
Know Components**

: water 7732-18-5

(2-methoxymethyl-ethoxy)propanol 34590-94-3 OSHA a. United states occupational safety and health administration substances, 29 cfr 1910.1000, sub part z.  
ACGIH American conference of governmental industrial hygienists threshold limit value (TLV) substances  
CERCLA hazardous substances, 40 cfr part 302. May be subject to emergency release notification under SARA Title III.

dodecylbenzenesulphonic acid 27176-87-0 CERCLA hazardous substances, 40 cfr part 302. May be subject to emergency release notification under SARA Title III.

**California Prop. 65  
Components**

: This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

**SECTION 16. OTHER INFORMATION**

**Further information**

**HMIS Classification**

: Health hazard: 3  
Flammability: 1  
Physical hazards: 0

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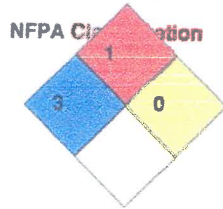
SDS Number: 000000009696

# **Material Safety Data Sheet** **GREASED LIGHTNING® MULTI-PURPOSE CLEANER & DEGREASER**

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Health hazard: 3  
 Fire Hazard: 1  
 Reactivity Hazard: 0

**Other Emergency Phone Number**

<u>Latin America</u>	Brazil	+55 113 711 9144
	All other countries	+44 (0) 1235 239 670
<u>Mexico</u>		+52 555 004 8763

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.





# SAFETY DATA SHEET

Issue Date 27-Apr-2006

Revision Date 31-May-2013

Version 1

## 1. PRODUCT AND COMPANY IDENTIFICATION

### Product Identifier

Product Name Control Low Odor Mastic Remover

### Other Means of Identification

SDS # GI-006

UN/ID No NA1993

Product Code 19105

### Recommended Use of the Chemical and Restrictions on Use

Recommended Use Mastic remover.

### Details of the Supplier of the Safety Data Sheet

#### Supplier Address

Grayling Industries, Inc.  
1008 Branch Drive  
Alpharetta, GA 30004

#### Emergency Telephone Number

Company Phone Number 1-800-635-1551  
Emergency Telephone (24 hr) INFOTRAC 1-352-323-3500 (International)  
1-800-535-5053 (North America)

## 2. HAZARDS IDENTIFICATION

### Classification

Acute toxicity - Inhalation (Vapors)	Category 3
Skin Corrosion/Irritation	Category 2
Serious Eye Damage/Eye Irritation	Category 2
Aspiration toxicity	Category 1
Flammable liquids	Category 4

### Signal Word

DANGER

### Hazard Statements

Toxic if inhaled  
Causes skin irritation  
Causes serious eye irritation  
May be fatal if swallowed and enters airways  
Combustible liquid

**Appearance** Water white liquid**Physical State** Liquid**Odor** Aromatic**Precautionary Statements - Prevention**

Avoid breathing dust/fume/gas/mist/vapors/spray  
 Use only outdoors or in a well-ventilated area  
 Wash face, hands and any exposed skin thoroughly after handling  
 Wear protective gloves/protective clothing/eye protection/face protection  
 Keep away from heat/sparks/open flames/hot surfaces. — No smoking  
 Keep cool

**Precautionary Statements - Response**

IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing  
 IF ON SKIN: Wash with plenty of soap and water  
 If skin irritation occurs: Get medical advice/attention  
 Take off contaminated clothing and wash it before reuse  
 IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing  
 Call a POISON CENTER or doctor/physician  
 IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician  
 Do NOT induce vomiting  
 In case of fire: Use CO<sub>2</sub>, dry chemical, or foam for extinction

**Precautionary Statements - Storage**

Store locked up  
 Store in a well-ventilated place. Keep container tightly closed

**Precautionary Statements - Disposal**

Dispose of contents/container to an approved waste disposal plant

**Hazards Not Otherwise Classified (HNOC)**

May be harmful if swallowed  
 May be harmful in contact with skin

**Other Hazards**

Toxic to aquatic life with long lasting effects  
 Toxic to aquatic life

<b>3. COMPOSITION/INFORMATION ON INGREDIENTS</b>
--

Chemical Name	CAS No	Weight-%
Aliphatic Hydrocarbon Solvent	64742-88-7	Proprietary
2-Butoxyethanol	111-76-2	Proprietary
Naphtha (petroleum), heavy aromatic	64742-94-5	Proprietary
Ethoxylated Nonylphenol	9016-45-9	Proprietary

\* The exact percentage (concentration) of composition has been withheld as a trade secret.

**4. FIRST AID MEASURES****First Aid Measures**

Eye Contact	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention.
Skin Contact	Wash with soap and water. Take off contaminated clothing. Wash contaminated clothing before reuse. Get medical attention if irritation occurs.
Inhalation	After high vapor exposure, remove to fresh air. If breathing is difficult, give oxygen. If not breathing, give artificial respiration. Call a physician immediately.
Ingestion	Do NOT induce vomiting. Have patient lie down and keep warm. Call a physician or poison control center immediately.

**Most Important Symptoms and Effects, both Acute and Delayed**

Symptoms	Skin contact can lead to drying, defatting, itching, stinging and irritation. May cause severe irritation with redness, pain, and blurred vision. Overexposure by inhalation may cause CNS depression- drowsiness, dizziness, confusion or loss of coordination. May cause nausea, vomiting, stomach ache, and diarrhea.
----------	--

**Indication of any Immediate Medical Attention and Special Treatment Needed**

Note to Physicians	Treat symptomatically.
--------------------	------------------------

**5. FIRE-FIGHTING MEASURES****Suitable Extinguishing Media**

Use fire extinguishers with class B extinguishing agents. Carbon dioxide (CO2). Foam.

**Unsuitable Extinguishing Media** Water spray may be ineffective. If water is used, fog nozzles are preferable.

**Specific Hazards Arising from the Chemical**

Cool surrounding equipment, fire-exposed containers, and structures with water.

**Hazardous Combustion Products** Carbon monoxide. Carbon dioxide (CO2).

**Protective Equipment and Precautions for Firefighters**

As in any fire, wear self-contained breathing apparatus pressure-demand, MSHA/NIOSH (approved or equivalent) and full protective gear.

**6. ACCIDENTAL RELEASE MEASURES****Personal Precautions, Protective Equipment and Emergency Procedures**

Personal Precautions	Use personal protective equipment as required.
Other Information	Keep unnecessary and unprotected personnel from entering.
Environmental Precautions	See Section 12 for additional ecological information.

**Methods and Material for Containment and Cleaning Up**

Methods for Containment	Stop the flow of material, if this is without risk. Dike and contain spill.
Methods for Cleaning Up	Absorb spillage with non-combustible, absorbent material. Mop up and dispose of spilled material.

## 7. HANDLING AND STORAGE

### Precautions for Safe Handling

#### **Advice on Safe Handling**

Avoid breathing vapors or mists. Use only with adequate ventilation. Use personal protection recommended in Section 8. Keep away from heat/sparks/open flames/hot surfaces. — No smoking. Wash face, hands, and any exposed skin thoroughly after handling. Do not get in eyes, on skin, or on clothing. Avoid free fall of liquid. Ground/bond container and receiving equipment. Do not flame, cut, braze weld or melt empty containers. Emptied container retains product residue. Observe all labeled safeguards until container is cleaned, reconditioned or destroyed.

### Conditions for Safe Storage, Including any Incompatibilities

#### **Storage Conditions**

Keep containers tightly closed in a dry, cool and well-ventilated place. Store large amounts in structures made for OSHA Class IIIA liquids. Keep containers closed when not in use and upright to prevent leakage. Store locked up.

#### **Incompatible Materials**

Strong oxidizing agents. Permanganates. Chromates. Peroxides.

## 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

### Exposure Guidelines

Chemical Name	ACGIH TLV	OSHA PEL	NIOSH IDLH
2-Butoxyethanol 111-76-2	TWA: 20 ppm	TWA: 50 ppm TWA: 240 mg/m <sup>3</sup> (vacated) TWA: 25 ppm (vacated) TWA: 120 mg/m <sup>3</sup> (vacated) S*	IDLH: 700 ppm TWA: 5 ppm TWA: 24 mg/m <sup>3</sup>

### Appropriate Engineering Controls

#### **Engineering Controls**

Apply technical measures to comply with the occupational exposure limits. Showers. Eyewash stations.

### Individual Protection Measures, such as Personal Protective Equipment

#### **Eye/Face Protection**

Wear approved safety goggles.

#### **Skin and Body Protection**

Use impervious gloves. An apron or other impermeable body protection is suggested. Wear suitable protective clothing and footwear appropriate for the risk of exposure.

#### **Respiratory Protection**

Follow respirator protection program requirements (OSHA 1910.134 and ANSI Z88.2).

#### **General Hygiene Considerations**

Always observe good personal hygiene measures, such as washing after handling the material and before eating, drinking, and/or smoking. Take off all contaminated clothing and wash it before reuse.

## 9. PHYSICAL AND CHEMICAL PROPERTIES

### Information on Basic Physical and Chemical Properties

Physical State  
Appearance  
Color

Liquid  
Water white liquid  
Water white

Odor  
Odor Threshold

Aromatic  
Not determined

<u>Property</u>	<u>Values</u>	<u>Remarks • Method</u>
pH	Not determined	
Melting Point/Freezing Point	Not determined	
Boiling Point/Boiling Range	174-196 °C / 346-385 °F	
Flash Point	60 °C / 141 °F	Tag Closed Cup Lowest Component
Evaporation Rate	Not determined	
Flammability (Solid, Gas)	n/a-liquid	
Upper Flammability Limits	Not determined	
Lower Flammability Limit	0.9%	
Vapor Pressure	0.5 mm Hg	@20°C
Vapor Density	5.0	(Air=1)
Relative Density (Specific Gravity)	0.807	(1=Water) @ 68°F (20°C)
Water Solubility	Appreciable	
Solubility in Other Solvents	Not determined	
Partition Coefficient	Not determined	
Autoignition Temperature	260 °C / 500 °F	Lowest Component
Decomposition Temperature	Not determined	
Kinematic Viscosity	Not determined	
Dynamic Viscosity	Not determined	
Explosive Properties	Not determined	
Oxidizing Properties	Not determined	
Additional Information	Refractive Index: 1.438	
	Mixed Aniline Point (Acid Insol): 63°C/147°F	
VOC Content (%)	99%	
VOC Content	796.1 g/L	
Density	6.719 lbs/gal	

## 10. STABILITY AND REACTIVITY

### Reactivity

Not reactive under normal conditions.

### Chemical Stability

Stable under recommended storage conditions.

### Possibility of Hazardous Reactions

None under normal processing.

#### Hazardous Polymerization

Hazardous polymerization does not occur.

### Conditions to Avoid

Heat, flames and sparks.

### Incompatible Materials

Strong oxidizing agents. Permanganates. Chromates. Peroxides.

### Hazardous Decomposition Products

Carbon monoxide. Carbon dioxide (CO<sub>2</sub>).

## 11. TOXICOLOGICAL INFORMATION

### Information on Likely Routes of Exposure

#### Product Information

Eye Contact	Causes serious eye irritation.
Skin Contact	Causes skin irritation. May be harmful in contact with skin.
Inhalation	Toxic if inhaled.
Ingestion	May be harmful if swallowed.

### Component Information

Chemical Name	Oral LD50	Dermal LD50	Inhalation LC50
Aliphatic Hydrocarbon Solvent 64742-88-7	> 5000 mg/kg ( Rat )	= 3000 mg/kg ( Rabbit )	> 5.28 mg/L ( Rat ) 4 h
2-Butoxyethanol 111-76-2	= 470 mg/kg ( Rat )	= 2270 mg/kg ( Rat ) = 220 mg/kg ( Rabbit )	= 2.21 mg/L ( Rat ) 4 h = 450 ppm ( Rat ) 4 h
Naphtha (petroleum), heavy aromatic 64742-94-5	> 5000 mg/kg ( Rat )	> 2000 mg/kg ( Rabbit )	> 590 mg/m <sup>3</sup> ( Rat ) 4 h
Ethoxylated Nonylphenol 9016-45-9	= 1310 mg/kg ( Rat )	= 2 mL/kg ( Rabbit )	-

### Information on Physical, Chemical and Toxicological Effects

Symptoms	Please see section 4 of this SDS for symptoms.
----------	--

### Delayed and Immediate Effects as well as Chronic Effects from Short and Long-term Exposure

Carcinogenicity	Not classifiable as a human carcinogen.
-----------------	---

Chemical Name	ACGIH	IARC	NTP	OSHA
2-Butoxyethanol 111-76-2	A3	Group 3		

#### Legend

ACGIH (American Conference of Governmental Industrial Hygienists)

A3 - Animal Carcinogen

IARC (International Agency for Research on Cancer)

Group 3 IARC components are "not classifiable as human carcinogens"

Aspiration Hazard May be fatal if swallowed and enters airways.

### Numerical Measures of Toxicity

Not determined

## 12. ECOLOGICAL INFORMATION

### Ecotoxicity

Toxic to aquatic organisms Toxic to aquatic life with long lasting effects

Chemical Name	Algae/aquatic plants	Fish	Toxicity to microorganisms	Crustacea
Aliphatic Hydrocarbon Solvent 64742-88-7	450: 96 h <i>Pseudokirchneriella subcapitata</i> mg/L EC50	800: 96 h <i>Pimephales promelas</i> mg/L LC50 static		100: 48 h <i>Daphnia magna</i> mg/L EC50
2-Butoxyethanol 111-76-2		1490: 96 h <i>Lepomis macrochirus</i> mg/L LC50 static 2950: 96 h <i>Lepomis macrochirus</i> mg/L LC50		1698 - 1940: 24 h <i>Daphnia magna</i> mg/L EC50 1000: 48 h <i>Daphnia magna</i> mg/L EC50
Naphtha (petroleum), heavy aromatic 64742-94-5	2.5: 72 h <i>Skeletonema costatum</i> mg/L EC50	19: 96 h <i>Pimephales promelas</i> mg/L LC50 static 2.34: 96 h <i>Oncorhynchus mykiss</i> mg/L LC50 1740: 96 h <i>Lepomis macrochirus</i> mg/L LC50 static 45: 96 h <i>Pimephales promelas</i> mg/L LC50 flow-through 41: 96 h <i>Pimephales promelas</i> mg/L LC50		0.95: 48 h <i>Daphnia magna</i> mg/L EC50

### Persistence and Degradability

Not determined

### Bioaccumulation

Not determined

### Mobility

Chemical Name	Partition Coefficient
2-Butoxyethanol 111-76-2	0.81
Naphtha (petroleum), heavy aromatic 64742-94-5	2.9 - 6.1

### Other Adverse Effects

Not determined

## 13. DISPOSAL CONSIDERATIONS

### Waste Treatment Methods

#### **Disposal of Wastes**

Disposal should be in accordance with applicable regional, national and local laws and regulations.

#### **Contaminated Packaging**

Disposal should be in accordance with applicable regional, national and local laws and regulations.

**14. TRANSPORT INFORMATION**Note

Please see current shipping paper for most up to date shipping information, including exemptions and special circumstances. DOT Ground - "Non-bulk shipments may be non-regulated per 49CFR 173.150(f)(2)".

DOT

UN/ID No	NA1993
Proper Shipping Name	Combustible liquid, n.o.s. (Petroleum distillates)
Hazard Class	Comb Liq
Packing Group	III

IATA

Not regulated

IMDG

Not regulated

**15. REGULATORY INFORMATION**International Inventories

TSCA	Listed
DSL	Listed
EINECS	Listed
ENCS	Listed
KECL	Listed
AICS	Listed

Legend:

TSCA - United States Toxic Substances Control Act Section 8(b) Inventory

DSL/NDL - Canadian Domestic Substances List/Non-Domestic Substances List

EINECS/ELINCS - European Inventory of Existing Chemical Substances/European List of Notified Chemical Substances

ENCS - Japan Existing and New Chemical Substances

IECSC - China Inventory of Existing Chemical Substances

KECL - Korean Existing and Evaluated Chemical Substances

PICCS - Philippines Inventory of Chemicals and Chemical Substances

US Federal RegulationsSARA 311/312 Hazard Categories

Acute health hazard	Yes
Chronic Health Hazard	Yes
Fire hazard	Yes

SARA 313

Chemical Name	CAS No	Weight-%	SARA 313 - Threshold Values %
2-Butoxyethanol - 111-76-2	111-76-2	Proprietary	1.0

US State RegulationsU.S. State Right-to-Know Regulations

Chemical Name	New Jersey	Massachusetts	Pennsylvania
Aliphatic Hydrocarbon Solvent 64742-88-7	X		
2-Butoxyethanol 111-76-2	X	X	X



**16. OTHER INFORMATION**

<u>NFPA</u>	Health Hazards	Flammability	Instability	Special Hazards
	2	2	0	Not determined
<u>HMS</u>	Health Hazards	Flammability	Physical Hazards	Personal Protection
	3	2	0	Not determined

Issue Date 27-Apr-2006  
Revision Date 31-May-2013  
Revision Note New format

**Disclaimer**

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.

End of Safety Data Sheet

### **C. Notifications**

A 20 day notification will be filed with the Department of Labor & Industry

A 10 day notification will be filed with the Environmental Protection Agency

See attached copy of the permit application that will be filed.

☐ EMERGENCY WAIVER REQUEST

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



DLI PERMIT NUMBER:  
(If amended, indicate the original permit number)

PERMIT APPLICATION AND NOTIFICATION FOR ASBESTOS REMOVAL AND DEMOLITION

<b>Section 1 - Type of Notification (Check the box that indicates the type of notice you are submitting)</b>			
<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Amendment/Revision	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Blanket
<input type="checkbox"/> Phased			
<b>Section 2 - Type of Operation (Check the box that indicates the type operation you will be performing)</b>			
<input checked="" type="checkbox"/> Asbestos Removal	<input type="checkbox"/> Emergency Asbestos Removal	<input type="checkbox"/> Asbestos Removal & Demolition	<input type="checkbox"/> Demolition
<input type="checkbox"/> Encapsulation			
<b>Section 3 - Facility Owner Information</b>			
Name: <b>James Madison University</b>			
Address: <b>181 Patterson Street</b>			
City: <b>Harrisonburg</b>	State: <b>Virginia</b>	Zip: <b>22807</b>	
Contact: <b>Frank Viscomi</b>	Telephone #: <b>540-574-4076</b>		
<b>Section 4 - Asbestos Removal Contractor Information (complete ALL of Section 4, if this is a Removal/Abatement Operation)</b>			
Name: <b>Waco Inc. - Mt. Crawford</b>		License #: <b>3306 000065</b>	
Federal Employer ID #: <b>[REDACTED]</b>			
Address: <b>844 Cottontail Trail</b>			
City: <b>Mt. Crawford</b>	State: <b>Virginia</b>	Zip: <b>22841</b>	
Contact: <b>Larry Battalle</b>	Telephone #: <b>540-434-7390</b>		
<b>Section 5 - Demolition Contractor Information (complete ALL of Section 5, if this is a Demolition Operation)</b>			
Name: <b>N/A</b>			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact: _____	Telephone #: _____		
<b>Section 6 - Facility Information</b>			
Building Name: <b>Hillside Hall</b>			
Address: <b>290 Warren Service Drive</b>			
City: <b>Harrisonburg</b>	State: <b>VA</b>	Zip: <b>22801</b>	
Site Location: <b>Throughout</b>	Building Size: <b>34,000 sf</b>	# of Floors: <b>3</b>	Age in Years: <b>28</b>
Present Use:			
<input type="checkbox"/> Bridge	<input type="checkbox"/> Military/Federal	<input checked="" type="checkbox"/> School/College	<input type="checkbox"/> Bridge
<input type="checkbox"/> Commercial	<input type="checkbox"/> Office	<input type="checkbox"/> Ship/Maritime	<input type="checkbox"/> Commercial
<input type="checkbox"/> Church/Place of Worship	<input type="checkbox"/> Public Building	<input type="checkbox"/> Vacant	<input type="checkbox"/> Church/Place of Worship
<input type="checkbox"/> Industrial/Manufacturing	<input type="checkbox"/> Residential	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Industrial/Manufacturing
Prior Use:			
<input type="checkbox"/> Bridge	<input type="checkbox"/> Military/Federal	<input checked="" type="checkbox"/> School/College	<input type="checkbox"/> Bridge
<input type="checkbox"/> Commercial	<input type="checkbox"/> Office	<input type="checkbox"/> Ship/Maritime	<input type="checkbox"/> Commercial
<input type="checkbox"/> Church/Place of Worship	<input type="checkbox"/> Public Building	<input type="checkbox"/> Vacant	<input type="checkbox"/> Church/Place of Worship
<input type="checkbox"/> Industrial/Manufacturing	<input type="checkbox"/> Residential	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Industrial/Manufacturing
<b>Section 7 - Work Schedules</b>			
Removal/Abatement (Submit notification 20 calendar days prior to start)		Check if this section is being revised from a previous submittal <input type="checkbox"/>	
Start: <b>5/25/15</b>	Finish: <b>6/25/15</b>	Days of Operation: <input type="checkbox"/> Mon.-Fri. <input type="checkbox"/> Sat.-Sun.	
		Other: <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tues <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Demolition (Submit notification 10 working days prior to start)		Hours of Operation: <b>7:00 am</b> - <b>5:30 pm</b>	
Start: <b>N/A</b>	Finish: _____	Comments: _____	

IS ASBESTOS PRESENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be removed prior to demolition				
<b>Section 8 - ACM To Be Removed</b>			Check if this section is being revised from a previous submittal <input type="checkbox"/>	
Indicate the amount of ACM (Asbestos Containing Material) to be removed, encapsulated, enclosed, etc.			Indicate the amount and type (floor tile, roofing, etc.) of nonfriable Category I and/or Category II ACM that will not be removed prior to demolition. (Indicate whether in ft, sq ft, or cu ft.)	
Description	Amount		Description	Amount Units
Pipe (linear feet)	0	Linear Feet		
Surface Area (square feet)	33144	Square Feet	Category I	N/A
Facility Component (cubic feet)	0	Cubic Feet	Category II	N/A
<b>Section 9 - Work Procedures</b>			Check if this section is being revised from a previous submittal <input type="checkbox"/>	
Procedure, including analytical method, if appropriate, used to detect the presence of asbestos: <input checked="" type="checkbox"/> PLM <input type="checkbox"/> TEM <input type="checkbox"/> Presumed ACM				
Inspector: <b>Reggie Simmons</b>			License#: <b>3303 000098</b>	
Asbestos Removal or Demolition Work Practices to be Used (Check all that apply)				
<b>Asbestos Removal</b> <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Remove Intact <input checked="" type="checkbox"/> Wet Methods <input type="checkbox"/> Rotating Blade Roof Cutter <input checked="" type="checkbox"/> Negative Pressure <input type="checkbox"/> Mechanical Chipping <input type="checkbox"/> Glove Bag <input type="checkbox"/> Component Removal <input type="checkbox"/> Other - Description of work practices and engineering controls to be used to prevent emissions of asbestos if procedures other than approved methods will be used:			<b>Demolition</b> <input type="checkbox"/> Bulldozer/Loader <input type="checkbox"/> Wrecking Ball <input type="checkbox"/> Hand/Manual Methods <input type="checkbox"/> Impulse/Explode <input type="checkbox"/> Live Burn Training <input type="checkbox"/> Other	
Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder: <b>Asbestos will be controlled and DLI will be notified as required.</b>				
<b>Section 10 - Emergency Waiver Request</b>				
Check the Emergency Waiver Request box on page 1 and attach a letter from the facility owner explaining the nature of the emergency.				
Date and Hour of Emergency _____ Time _____				
Description of Sudden, unexpected event: _____				
Explanation of how the event caused unsafe conditions or would cause equipment damage: _____				
<b>Section 11 - Demolition Ordered by A Government Agency</b>				
Name: <b>N/A</b>			Title _____	
Authority: _____				
Date Ordered: _____			Date Demolition Ordered to Begin _____	
<b>Section 12 - Transporters and Waste Disposal Site</b>			Check if this section is being revised from a previous submittal <input type="checkbox"/>	
Transporter #1: <b>Waco Inc.</b>				
Address: <b>844 Cottontail Trail</b>				
City: <b>Mt. Crawford</b>		State: <b>Virginia</b>		Zip: <b>22841</b>
Contact: <b>Larry Battaille</b>		Telephone: <b>540-434-7390</b>		
Transporter #2: <b>Ham Landfill</b>				
Address: <b>519 Roy Martin Rd</b>				
City: <b>Peterstown</b>		State: <b>WV</b>		Zip: <b>24963</b>
Contact: <b>David Humphrey</b>		Telephone: <b>304-753-9470</b>		
Waste Disposal Site: <b>Ham Sanitary Landfill</b>				
Address: <b>519 Roy Martin Rd</b>				
City: <b>Peterstown</b>		State: <b>W. VA</b>		Zip: <b>24963</b>
Contact: <b>David Humphrey</b>		Telephone: <b>304-753-9470</b>		Landfill permit#: <b>SWF-2032</b>

The asbestos project permit fee, when applicable, **MUST** be submitted with the completed project notification form. The fee shall be in accordance with the following schedule unless a blanket notification (as described below) is granted. If the amount of the asbestos is reported in both linear feet and square feet the amounts will be added and treated as if the total were all in square feet.

☐ 550 - 10 linear feet or 10 square feet up to and including 260 linear feet or 160 square feet

☐ 5160 - 261 linear feet or 161 square feet up to and including 2600 linear feet 1600 square feet

☒ 5470 - 2601 linear feet or 1601 square feet or more.

☐ 515 - amended notification

☐ 50 - Residential buildings with four or fewer units and are currently in use or intended for use only for residential purposes are exempt from asbestos project permit fees.

Enter the total fee due for the project: \$ **470**

Check if this section is being revised from a previous submittal

License #: **3309 000028**  
 License #: **3333 000266**

**Title: Senior Project Manager**

Date: \_\_\_\_\_

Please make sure that all required fields have been completed. Incomplete notifications will not be processed.

Original notifications must be sent by FAX, certified mail, or hand delivered to the department at the address below.

The US EPA must also be notified for demolition operations and renovation operations when the amount of RACM disturbed is at least 160 sq. ft./260 cu. ft./35 cu. ft. This form may be used to fulfill this requirement. Notifications required by the US EPA must be mailed to the address below:

ASBESTOS COORDINATOR  
USEPA  
REGION III  
MAIL CODE 3LC62  
1650 ARCH STREET  
PHILADELPHIA, PA 19103-2029

For additional information concerning the completion of this form, please contact the Virginia Department of Labor and Industry Lead and Asbestos Program at (804) 786-9865 or visit our web site at [http://www.doli.virginia.gov/leadasbestos/leadasbestos\\_intro.html](http://www.doli.virginia.gov/leadasbestos/leadasbestos_intro.html)

**D. Laboratory**

American Science Bio-Chem, Inc.  
13635 Genito Rd  
Midlothian, VA 23112

Phone: 866-713-4485  
Fax: 804-763-0493

[www.amerisci.com](http://www.amerisci.com)  
License # 3333 000266

E. Training

1. Scott Harper

- A. Asbestos Supervisors License
- B. Refresher Certificate
- C. Respirator Fit Test

2. Adam Myers

- A. Asbestos Supervisors License
- B. Refresher Certificate
- C. Respirator Fit Test

3. Michael Norton

- A. Asbestos Supervisors License
- B. Refresher Certificate
- C. Respirator Fit Test

4. Hector Pacheco

- A. Asbestos Supervisors License
- B. Refresher Certificate
- C. Respirator Fit Test

List of workers may be changed or added. Revised list and proper documentation will be supplied prior to the start of the project.

**DPOR License Lookup** License Number 3302006436**License Details**

<b>Name</b>	HARPER, SCOTT
<b>License Number</b>	3302006436
<b>License Description</b>	Asbestos Supervisor License
<b>Rank</b>	Asbestos Supervisor
<b>Address</b>	GOSHEN, VA 24439-0000
<b>Initial Certification Date</b>	1997-11-25
<b>Expiration Date</b>	2015-05-31

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The license information in this application was last updated at Wed Apr 08 02:50:18 EDT.

The disciplinary action information in this application was last updated at Wed Apr 08 02:50:18 EDT.

DPOR License Lookup build 1,013 (built 2015-04-08 11:12:54).



# *The EI Group, Inc.*

This certifies that

*Scott Harper*

Student Address: 215 Big River Road, Goshen, VA 24439

Has attended and satisfactorily passed an examination covering  
the contents of an EPA/AHERA approved course entitled

## *Asbestos Supervisor Refresher (8-Hour) Training Course*

7314050003

Certificate Number

Social Security Number

May 9, 2014

Course Dates

May 9, 2014

Exam Date

May 9, 2015

Expiration Date



4186 Innslake Drive  
Glen Allen, Virginia 23060  
(804) 320-9300

EPA Approved Under  
TSCA Title II

Mount Crawford, VA

Location

*Berry A. Maxwell*  
Berry Maxwell, Training Manager

*Melissa S. Hart*  
Melissa Hart, Primary Instructor

*Melissa S. Hart*  
Melissa Hart, Exam Administrator



Inc.

RESPIRATOR FIT TESTS  
&  
ASSIGNMENT FORM

I, Scott Hager, CERTIFY THAT I HAVE BEEN ADMINISTERED A FIT TEST WITH THE FOLLOWING RESPIRATORS:

North BRAND STYLE: FULL FACED HALF FACED 8/25/14 DATE

BRAND STYLE: FULL FACED HALF FACED DATE

BRAND STYLE: FULL FACED HALF FACED DATE

Scott Hager SIGNATURE

SS#

Paul Yea SIGNATURE OF PERSON GIVING TEST

8/25/14 DATE

RAINBOW PASSAGE

WHEN THE SUNLIGHT STRIKES RAINDROPS IN THE AIR, THEY ACT LIKE A PRISM AND FORM A RAINBOW. THE RAINBOW IS A DIVISION OF WHITE LIGHT INTO MANY BEAUTIFUL COLORS. THESE TAKE THE SHAPE OF A LONG ROUND ARCH, WITH ITS PATH HIGH ABOVE, AND ITS TWO ENDS APPARENTLY BEYOND THE HORIZON. THERE IS, ACCORDING TO LEGEND, A BOILING POT OF GOLD AT ONE END. PEOPLE LOOK BUT NO ONE EVER FINDS IT. WHEN A MAN LOOKS FOR SOMETHING BEYOND REACH, HIS FRIENDS SAY HE IS LOOKING FOR THE POT OF GOLD AT THE END OF THE RAINBOW.

RESPIRATOR ASSIGNMENT

I FULLY UNDERSTAND THAT WACO, INC. HAS ASSIGNED ME A RESPIRATOR TO BE USED SOLELY BY ME FOR THE DURATION OF MY EMPLOYMENT.

I AM FULLY RESPONSIBLE FOR MAINTENANCE AND REPAIR OF MY ASSIGNED RESPIRATOR.

I AGREE THAT IF DAMAGES OCCUR TO THE RESPIRATOR DUE TO MY NEGLIGENCE OR MISUSE, OR IF THE RESPIRATOR IS MISPLACED, ALL COSTS OF REPAIR/ REPLACEMENT OF THE RESPIRATOR WILL BE DEDUCTED BY PAYCHECK.

Scott Hager Sign

2014 4 S.S.

8/25/14 Date

**DPOR License Lookup** License Number 3302009878**License Details**

<b>Name</b>	MYERS, ADAM J
<b>License Number</b>	3302009878
<b>License Description</b>	Asbestos Supervisor License
<b>Rank</b>	Asbestos Supervisor
<b>Address</b>	MOUNT CRAWFORD, VA 22841-0000
<b>Initial Certification Date</b>	2009-12-16
<b>Expiration Date</b>	2015-12-31

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The license information in this application was last updated at Mon Apr 06 02:50:18 EDT.

The disciplinary action information in this application was last updated at Mon Apr 06 02:50:18 EDT.

DPOR License Lookup build 1,011 (built 2015-04-03 11:58:08).

# *The EI Group, Inc.*

This certifies that

*Adam John Myers*

Student Address: 5261 Mount Clinton Pike, Harrisonburg, VA 22802

Has attended and satisfactorily passed an examination covering  
the contents of an EPA/AHERA approved course entitled

## *Asbestos Supervisor Refresher (8-Hour) Training Course*

7314050007

Certificate Number

Social Security Number

May 9, 2014

Course Dates

May 9, 2014

Exam Date

May 9, 2015

Expiration Date

Mount Crawford, VA

Location

*Berry A. Maxwell*  
Berry Maxwell, Training Manager

*Melissa S. Hart*  
Melissa Hart, Primary Instructor

*Melissa S. Hart*  
Melissa Hart, Exam Administrator



4186 Innslake Drive  
Glen Allen, Virginia 23060  
(804) 320-9300

EPA Approved Under  
TSCA Title II



RESPIRATOR FIT TESTS  
&  
ASSIGNMENT FORM

I, ADAM MYERS, CERTIFY THAT I HAVE BEEN ADMINISTERED A FIT  
TEST WITH THE FOLLOWING RESPIRATORS:

NORTH STYLE: FULL FACED HALF FACED 1-6-15  
BRAND DATE

STYLE: FULL FACED HALF FACED  
BRAND DATE

STYLE: FULL FACED HALF FACED  
BRAND DATE

[Signature]  
SIGNATURE

SS# [Redacted]

[Signature]  
SIGNATURE OF PERSON GIVING TEST

1-6-15  
DATE

RAINBOW PASSAGE

WHEN THE SUNLIGHT STRIKES RAINDROPS IN THE AIR, THEY ACT LIKE A PRISM  
AND FORM A RAINBOW. THE RAINBOW IS A DIVISION OF WHITE LIGHT INTO  
MANY BEAUTIFUL COLORS. THESE TAKE THE SHAPE OF A LONG ROUND ARCH,  
WITH ITS PATH HIGH ABOVE, AND ITS TWO ENDS APPARENTLY BEYOND THE  
HORIZON. THERE IS, ACCORDING TO LEGEND, A BOILING POT OF GOLD AT ONE  
END. PEOPLE LOOK BUT NO ONE EVER FINDS IT. WHEN A MAN LOOKS FOR  
SOMETHING BEYOND REACH, HIS FRIENDS SAY HE IS LOOKING FOR THE POT OF  
GOLD AT THE END OF THE RAINBOW.

RESPIRATOR ASSIGNMENT


I FULLY UNDERSTAND THAT WACO, INC. HAS ASSIGNED ME A RESPIRATOR TO BE  
USED SOLELY BY ME FOR THE DURATION OF MY EMPLOYMENT.

I AM FULLY RESPONSIBLE FOR MAINTENANCE AND REPAIR OF MY ASSIGNED  
RESPIRATOR.

I AGREE THAT IF DAMAGES OCCUR TO THE RESPIRATOR DUE TO MY NEGLIGENCE  
OR MISUSE, OR IF THE RESPIRATOR IS MISPLACED, ALL COSTS OF REPAIR/  
REPLACEMENT OF THE RESPIRATOR WILL BE DEDUCTED BY PAY CHECK.

[Signature]

## License Details

 (LicenseDetail?l=3302009287&print)

<b>Name</b>	NORTON, MICHAEL A
<b>License Number</b>	3302009287
<b>License Description</b>	Asbestos Supervisor License
<b>Rank</b>	Asbestos Supervisor
<b>Address</b>	ELKTON, VA 22827-0000
<b>Initial Certification Date</b>	2008-11-06
<b>Expiration Date</b>	2015-11-30

The license information in this application was last updated at Mon Apr 06 02:50:18 EDT.

License Lookup legal disclaimer

# *The EI Group, Inc.*

This certifies that

*Michael Norton*

Student Address: 295 Tanager Lane, Elkton, VA, 22827

Has attended and satisfactorily passed an examination covering  
the contents of an EPA/AHERA approved course entitled

## *Asbestos Supervisor Refresher (8-Hour) Training Course*

7314050008  
Certificate Number

██████████  
Social Security Number

May 9, 2014  
Course Dates

May 9, 2014  
Exam Date

May 9, 2015  
Expiration Date



4186 Inslake Drive  
Glen Allen, Virginia 23060  
(804) 320-9300

*EPA Approved Under  
TSCA Title II*

Mount Crawford, VA  
Location

*Bert Maxwell*  
Bert Maxwell, Training Manager

*Melissa S Hart*  
Melissa Hart, Primary Instructor

*Melissa S Hart*  
Melissa Hart, Exam Administrator



Inc.

# RESPIRATOR FIT TEST & ASSIGNMENT FORM

I, Michael Norton, CERTIFY THAT I HAVE BEEN ADMINISTERED A FIT TEST  
WITH THE FOLLOWING RESPIRATORS:

Brand North

Style: Full Faced Half Faced

Date 5/5/14

Brand \_\_\_\_\_

Style: Full Faced Half Faced

Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Last 4 #'s of SS# \_\_\_\_\_

Signature of who gave the fit test: \_\_\_\_\_

Date: 5/5/14

## RAINBOW PASSAGE

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

## RESPIRATOR ASSIGNMENT

I Fully understand that WACO, INC. has assigned me a respirator to be used solely by me for the duration of my employment.

I am fully responsible for maintenance and repair of my assigned respirator.

I agree that if damages occur to the respirator due to negligence or misuse, or if the respirator is misplaced, all costs of repair / replacement of the respirator will be deducted from my paycheck.

SIGNATURE Michael Norton

SS # \_\_\_\_\_

DATE 5/5/14

FORM E029



## DPOR License Lookup License Number 3302006433

### License Details

<b>Name</b>	PACHECO, HECTOR
<b>License Number</b>	3302006433
<b>License Description</b>	Asbestos Supervisor License
<b>Rank</b>	Asbestos Supervisor
<b>Address</b>	PENN LAIRD, VA 22846-0000
<b>Initial Certification Date</b>	1997-11-25
<b>Expiration Date</b>	2015-11-30

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The license information in this application was last updated at Mon Apr 06 02:50:18 EDT.

The disciplinary action information in this application was last updated at Mon Apr 06 02:50:18 EDT.

DPOR License Lookup build 1,011 (built 2015-04-03 11:58:06)

# *The EI Group, Inc.*

This certifies that

## *Hector L. Pacheco*

Student Address: 499 Water Tower Road, Penn Laird, VA 22846

Has attended and satisfactorily passed an examination covering  
the contents of an EPA/AHERA approved course entitled

### *Asbestos Supervisor Refresher (8-Hour) Training Course*

7314050006

Certificate Number

██████████  
Social Security Number

May 9, 2014

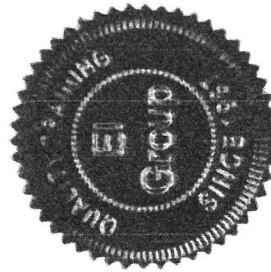
Course Dates

May 9, 2014

Exam Date

May 9, 2015

Expiration Date



4186 Innslake Drive  
Glen Allen, Virginia 23060  
(804) 320-9300

*EPA Approved Under  
TSCA Title II*

Mount Crawford, VA

Location

*Barry A. Maxwell*

Barry Maxwell, Training Manager

*Melissa S. Hart*

Melissa Hart, Primary Instructor

*Melissa S. Hart*

Melissa Hart, Exam Administrator



RESPIRATOR FIT TEST  
&  
ASSIGNMENT FORM

I, Hector Pacheco, CERTIFY THAT I HAVE BEEN ADMINISTERED A FIT TEST  
WITH THE FOLLOWING RESPIRATORS:

Brand North

Style: Full Faced Half Faced

Date 5/14/14

Brand Hector Pacheco  
SIGNATURE

Style: Full Faced Half Faced

Date

Last 4 #'s of SS#

Paul Yu  
Signature of who gave the fit test:

5/14/14  
Date:

RAINBOW PASSAGE

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

RESPIRATOR ASSIGNMENT

I Fully understand that WACO, INC. has assigned me a respirator to be used solely by me for the duration of my employment.

I am fully responsible for maintenance and repair of my assigned respirator.

I agree that if damages occur to the respirator due to negligence or misuse, or if the respirator is misplaced, all costs of repair / replacement of the respirator will be deducted from my paycheck.

Hector Pacheco  
SIGNATURE

SS #



5-14-14  
DATE

FORM E029

## **F. Respiratory Protection**

### **RESPIRATORY PROTECTION GUIDELINES**

This section was prepared to provide guidance and technical information and to establish the Waco, Inc. Company Policy for the administration and implementation of a Respiratory Protection Program at all work locations necessitating this safety measure.

This section sets forth the basic guidelines for respiratory protection to be applied at all Waco, Inc. job sites where workers will be exposed to any respiratory hazards. These hazards include but are not limited to dust, fumes, mists, gases, etc. Equipment will also be provided for emergency use and oxygen efficient atmospheres as required.

The Vice Presidents and the Branch Managers are responsible for the Respiratory Protection Program within their operations. They will acquire all technical services, medical and physical examinations necessary to adequately control and monitor this program. They will establish and supervise procedures for selecting proper respirators, issuance, training, sanitizing, inspection, and repairs of all respirators. In addition, they will have documented medical examination, fit tests, atmospheric sampling, and prescription lenses where necessary.

Each employee will use the respiratory equipment as per the training received and/or established, procedures. Any defective or malfunctioning equipment will be immediately reported to the First Line Supervisor who will inspect, repair or replace the equipment.

Each employee should note that each project is unique and particular job conditions will be dealt with as they are encountered with regard to respiratory protection.

#### **RESPIRATOR SELECTION**

Respirators will be selected based on the hazards to which employees will be exposed at each particular project. Selection of respiratory protection for asbestos abatement operations is specifically addressed in the asbestos abatement section of this manual.

The selection of the proper type of respirator shall be based upon (1) the nature of the hazardous operation or process, (2) the type of respiratory hazard (including physical properties, physiological effects on the body, concentration of toxic material or airborne radioactivity level, established permissible time-weighted average concentration for toxic material, established permissible airborne concentration for radioactive material, and established immediately dangerous to life or health concentration for toxic material), (3) the location of the hazardous area in relation to the nearest area having respirable air, (4) the period of time for which respiratory protection must be provided, (5) the activities of workers in the hazardous area, (6) the physical characteristics and functional capabilities and limitations of the various types of respirators and (7) respirator protection factors.

Respiratory protection selection will be from the following general classifications, according to mode of operation.

1. Atmosphere-supplying respirators
    - a. Self-contained
    - b. Supplied-air
    - c. Combination self-contained and supplied-air
  2. Air-purifying respirators
    - a. Gas and vapor
    - b. Particulate (aerosols including dust, fog, fumes, mists, smoke and spray)
    - c. Combination gas, vapor and particulate
  3. Combination atmosphere-supplying and air-purifying respirators
- Respirator use training will be conducted as required and will include the following:
- a. Classification, description, and limitations of respirators.
  - b. Classifications of respiratory hazards.
  - c. Selection of respirators.
  - d. Respirator fit tests.
  - e. Use of respirators.
  - f. Maintenance of respirators.
  - g. Special problems associated with respirator use.

In addition to the preceding, the following rules will be adhered to in the use of respiratory protection equipment.

- g.1. Eye Glasses: The use of regular eye glasses with any full-face respirator is prohibited as the stems prevent a gas tight seal from being formed. employees wearing glasses, and who may be required to wear a full-face respirator, as a temporary measure, may take an old pair of glasses and cut off a portion of the temple bars or remove them entirely and tape the glasses to the head. If the job is to be of a long duration, spectacle adaptor kits will be furnished.
- g.2. Contact Lenses: Contact lens use will be reviewed on a case by case basis.
- g.3. Facial Hair: No employee will be test fitted or issued a respirator if he has facial hair (beard) which interferes with the sealing surface or exhalation valve. Excess facial hair could cause leakage around the face piece, causing inhalation of toxic, poisonous or hazardous dusts or fumes. A closely trimmed mustache and moderate sideburns are allowable, provided there is no hindrance of the face piece seal.
- g.4. Hair Length: Because of contamination to head, proper length of hair will be to the collar or shorter.
- g.5. Facial Depression - Missing Teeth: When a proper face piece seal cannot be obtained due to an employee's facial depression (i.e. deep scar, missing teeth), that employee will not be assigned to work in areas requiring respirator usage.
- g.6. Work Periods: Any work requiring the use of respirators will be closely supervised and durations of usage will be kept to a minimum. Personnel rotation will be used to reduce stress and strain when long durations are anticipated. Any employee who develops dizziness or illness will immediately exit the work area and notify the supervisor and/or first aid.

By considering the natural heat and humidity and work conditions (confined spaces, etc.), the first line supervisor will monitor the additional psychological stress and ensure ample relief periods are granted.

Employees will not be assigned to tasks requiring the use of respirators until it has been determined that they are physically able to perform their work while using a respirator. This determination will be made by a physician based on what health and physical conditions are pertinent. The respirator user's respirator status will be reviewed annually.

Employees' personnel files will contain the results of annual physicals, respirator test fit certifications, and notations of any special conditions or capabilities of the employee regarding the employee's exposure to environments other than the normal work place.

#### **RESPIRATOR FIT TESTING**

Particular attention will be paid to the qualitative respirator fit test where the employee wearing a respirator will be exposed to an irritant smoke, odorous vapor, or other suitable test agent. An air purifying respirator must be equipped with air purifying elements which effectively remove the test agent for the inspired air. If the respirator wearer is unable to detect penetration of the test agent into the respirator, the respirator wearer has achieved the satisfactory fit with the respirator. It should be noted that while carrying out this respirator fit test, the wearer shall carry out a series of exercises which simulate work movements. The successful respirator fit test will be certified only for the specific make and model of respirator for which the employee obtained a satisfactory fit. At no time

will an employee be allowed to wear a respirator for which a satisfactory test has not been completed. The respirator fit test certification form will be used to document which respirator that an Individual has been approved to wear.

#### **RESPIRATOR CONTROL AND MAINTENANCE**

While each employee is responsible for the maintenance and cleaning of his own respirator, the project foreman also assumes full responsibility for the cleaning and sanitizing, the inspection, and the repair and storage of his projects' respirators.

Each respirator will be cleaned and disinfected daily or more often, if necessary.

Where breathing air is used for supplied-air respirators, the air supply is regularly checked at project commencement and monthly to be sure it meets the quality requirements for Grade "D" breathing air. Where compressed air is used for breathing, the compressor for supplying air shall be equipped with necessary safety and stand-by devices. Suitable in-line air purifying absorbent bed and filters will be installed to assure breathing air quality. Alarms will be installed to indicate compressor failure and over-heating. If an oil-lubricated compressor is used, it will be equipped with a high temperature or carbon-monoxide alarm, or both.

Breathing air filtration equipment will be inspected at job commencement and weekly. Records will be kept of all inspections.

## RESPIRATOR TEST FIT CERTIFICATION

This is to certify that \_\_\_\_\_  
(Employee)

has been instructed in the proper use of the following respirators. In addition,  
he has passed a qualitative fit test in these respirators

\_\_\_\_\_  
Respirator Brand and Number

\_\_\_\_\_  
Test Date

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Test Administered By

\_\_\_\_\_  
Respirator Brand and Number

\_\_\_\_\_  
Test Date

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Test Administered By

**G. Negative Air Machine Filtration**

**HEPA, 2" Secondary Filter & 1/2" Pre Filter  
NC Filtration Air Filtration Products**

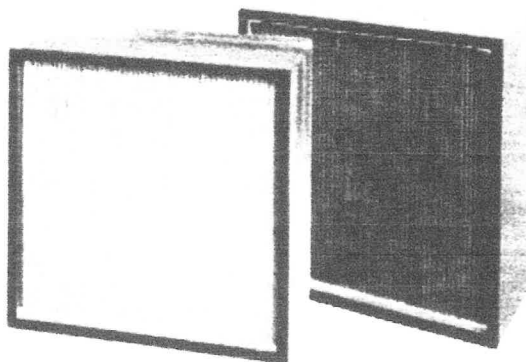


# NC FILTRATION

## AIR FILTRATION PRODUCTS

### Features

- 95% & 99.97% Efficiencies available
- Corrugated aluminum media separators
- Standard (18 pleats/ft.) or High-Capacity (36 pleats/ft.)
- Metal or particle board frames are available
- Sealed Internally with Urethane Sealant 5/8" & 1 1/4" Depths Available in All Sizes



### Design

NC Filtration HEPA filters are standardized using 5/8" particle board framing. Each frame is glued and stapled to provide a rigid enclosure for the media pack.

Metal frames fabricated of galvanized steel, aluminum or stainless steel are available for use where corrosion or temperature limits exceed those applicable for particle board frames.

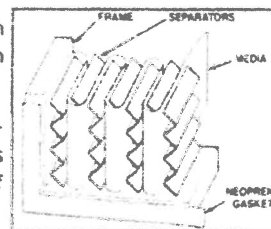
### Construction

**Media:** Each filter is constructed from one continuous sheet of high strength waterproof glass microfiber paper, sealed to the frame on all four edges.

**Separators:** Media separators are corrugated aluminum. A separator is placed between each pleat of media to prevent the pleats from touching. This allows the air to pass through with minimum of resistance.

**Adhesive Sealants.** Standard sealants utilized are fire retardant rubber bade adhesive and urethane sealant. These sealants are applied as a fluid and solidifies to provide a positive seal between media pack and frame.

**Gaskets:** All standard HEPA filters are equipped with a closed cell neoprene gasket. Placement is on the Downstream side of the filter unless otherwise specified. If a gasket is required on both sides of the filter, it must be indicated in the purchase order.



# HEPA FILTERS

## NC FILTRATION AIR FILTRATION PRODUCTS

### Pressure Drop

#### 99.97% DOP—HEPA FILTERS

Initial Pressure Drop—1.00" w.g.

SIZE H x W x D	WEIGHT	CUBIC FT. PER MINUTE (CFM)
8x8x5%	4	50
12x12x5%	8	135
12x24x5%	12	275
18x18x5%	17	310
18x24x5%	22	410
24x24x5%	23	600
24x30x5%	30	750
24x30x5%	32	900
24x48x5%	35	1230
24x60x5%	38	1550
30x72x5%	43	1895
30x24x5%	30	750
30x30x5%	33	925
30x36x5%	36	1150
30x48x5%	41	1550
30x60x5%	45	1960

SIZE H x W x D	WEIGHT	CUBIC FT. PER MINUTE (CFM)
30x72x5%	50	2350
36x24x5%	32	900
36x30x5%	36	1150
36x36x5%	40	1380
36x48x5%	46	1825
36x60x5%	53	2350
36x72x5%	60	2850
12x12x11%	16	275
12x24x11%	25	550
18x24x11%	30	800
23% $\times$ 23% $\times$ 11%	40	1000
24x24x11%	40	1100
24x30x11%	46	1375
24x36x11%	52	1650
24x48x11%	61	2150
30x24x11%	46	1375

#### 95% DOP—HEPA FILTERS

Initial Pressure Drop—1.00" w.g.

SIZE H x W x D	WEIGHT	CUBIC FT. PER MINUTE (CFM)
8x8x5%	4	105
12x12x5%	8	280
12x24x5%	12	575
23% $\times$ 23% $\times$ 11%	23	1200
24x24x5%	23	1300
24x30x5%	30	1625
24x36x5%	32	1950

SIZE H x W x D	WEIGHT	CUBIC FT. PER MINUTE (CFM)
24x48x5%	35	2600
12x12x11%	15	450
12x24x11%	25	910
23% $\times$ 23% $\times$ 11%	40	1850
24x24x11%	40	1900
24x30x11%	46	2500

NC FILTRATION  
AIR FILTRATION PRODUCTS

Phone: 704.822.4444 Fax: 704.822.1170

www.ncfiltration.com

**H. Employee Medical Documentation**

- 1. Scott Harper**
- 2. Adam Myers**
- 3. Michael Norton**
- 4. Hector Pacheco**

**List of workers may be changed or added. Revised list and proper documentation will be supplied prior to the start of the project.**



119B University Blvd.  
Harrisonburg, VA 22801  
Phone: (540) 434-5709  
Fax: (540) 434-5710  
www.valleyurgentcareva.com

REPORT OF MEDICAL EXAMINATION

Employee Name: Hargis Scott Lee  
Last First Middle

Social Security (last four #'s): XXXX-XX- Employer: WACO INC

Date of Examination: 11/7/14

1. This employee DOES / DOES NOT have any detected medical condition that would place her/him at an increased risk of material health impairment from exposure hazardous materials.
2. There ARE / ARE NOT any recommended limitations on this employee or on his/her use of personal protective equipment such as respirators.  
Recommended limitations:
3. This employee has been informed of the results of the medical examination and of any medical conditions which she/he has.
4. This employee states that he/she DOES / DOES NOT smoke.  
This employee has been urged to stop smoking.
5. The exam has included a review of the OSHA respirator questionnaire.
6. Facial hair and respirator use has been discussed as applicable.
7. The physician or other licensed health professional (PLHCP) has provided this employee with a copy of the PLHCP's recommendation.
8. Comments:

Provider's Signature: [Signature]

**I. Respiratory Protection Requirements - FOR RESPIRATOR USERS ONLY**

- a. The type of respirator to be used: ☒ Filtering face piece, disposable respirator (filter-mask or non-cartridge)  
☒ Half face ☐ Full face ☐ Air purifying ☐ Supplied air ☐ Self-contained breathing apparatus
- b. Duration of Use: 8 hours ☐ days ☐ months per year
- c. Expected physical work effort: ☒ Light ☒ Moderate ☐ Heavy exertion
- d. The following protective clothing is to be worn by the employee:  
☐ Light, street clothing ☒ Disposable Suit ☐ Heavy, thermal overalls
- e. The following represents the temperature conditions to be experienced by the employee:  
☒ Hot and arid ☒ Hot and humid ☒ Cool and arid ☒ Cool and humid ☐ Air conditioned

**1. LICENSED HEALTHCARE PROVIDER:** The above represents the respiratory protection requirements that the employee may need while at work. Please complete Part J.

**J. RESPIRATOR WEAR CERTIFICATION - LICENSED HEALTHCARE PROFESSIONAL'S WRITTEN OPINION**

- a. I have reviewed my exam findings with the employee and have provided the employee with a written copy of my recommendations. Yes
- b. The employee is physically fit to wear filtering face piece disposable respirator (filter-mask, or non-cartridge type). Yes ☒ No ☐
- c. The employee is physically fit to wear a half face, full face, air purifying, or supplied air respirator; or self-contained breathing apparatus. Yes ☒
- d. The employee has limitations in the use of a respirator. Explain \_\_\_\_\_ Yes ☐ No ☒
- e. The employee is not medically fit to wear a respirator and requires a follow-up medical evaluation by his/her treating physician. Yes ☐ No ☒

**K. MEDICAL CLEARANCE - LICENSED HEALTH CARE PROFESSIONAL/PHYSICIAN'S WRITTEN OPINION**

The following medical recommendation is based on a review of the medical history, laboratory test results, physical exam, and type of job requirements of the position applied for or performed by the individual named below. I have informed the applicant/employee of the results.

- ☒ **Class A** - Medically qualified
- ☐ **Class B** - Medically qualified - Minor controllable impairments present (e.g., eyeglasses)
- Recommend:
- ☐ **Class C** - Medically qualified for modified work only in accordance with the following:  
 Restrictions:
- ☐ **Class D** - Medically unqualified for job title and job requirements listed above
- ☐ **Class E** - Temporarily medically unqualified (e.g., hernia or other correctable problem)
- I request the following test:

LICENSED HEALTH CARE PROVIDER M. KOLLMAN PA-C DATE 04/04/2015  
 Signature

LICENSED HEALTH CARE PROVIDER (Print Name) Melissa Kollman PA-C

EMPLOYEE/APPLICANT Adam J. Myers DATE 4-4-15  
 Signature

EMPLOYEE/APPLICANT (Print Name) ADAM J. MYERS

**I. Respiratory Protection Requirements - FOR RESPIRATOR USERS ONLY**

- a. The type of respirator to be used: ☐ Filtering face piece, disposable respirator (filter-mask or non-cartridge)  
☒ Half face ☒ Full face ☐ Air purifying ☐ Supplied air ☐ Self-contained breathing apparatus
- b. Duration of Use: 5 hours ☒ 8 days ☐ 12 months per year
- c. Expected physical work effort: ☒ Light ☐ Moderate ☐ Heavy exertion
- d. The following protective clothing is to be worn by the employee:  
☐ Light, street clothing ☒ Disposable Suit ☐ Heavy, thermal overalls
- e. The following represents the temperature conditions to be experienced by the employee:  
☐ Hot and arid ☐ Hot and humid ☐ Cool and arid ☐ Cool and humid ☒ Air conditioned

TO LICENSED HEALTHCARE PROVIDER: The above represents the respiratory protection requirements that the employee may need while at work. Please complete Part J.

**J. RESPIRATOR WEAR CERTIFICATION - LICENSED HEALTHCARE PROFESSIONAL'S WRITTEN OPINION**

- a. I have reviewed my exam findings with the employee and have provided the employee with a written copy of my recommendations. ☒ Yes ☐ No
- b. The employee is physically fit to wear filtering face piece disposable respirator (filter-mask, or non-cartridge type). Yes ☒ No ☐
- c. The employee is physically fit to wear a half face, full face, air purifying, or supplied air respirator; or self-contained breathing apparatus. ☒ Yes ☐ No
- d. The employee has limitations in the use of a respirator. Explain \_\_\_\_\_ Yes ☐ No ☒
- e. The employee is not medically fit to wear a respirator and requires a follow-up medical evaluation by his/her private treating physician. Yes ☐ No ☒

**K. MEDICAL CLEARANCE - LICENSED HEALTH CARE PROFESSIONAL/PHYSICIAN'S WRITTEN OPINION**

The following medical recommendation is based on a review of the medical history, laboratory test results, physical exam, and type of physical requirements of the position applied for or performed by the individual named below. I have informed the applicant/employee of these results.

- ☒ Class A - Medically qualified
- ☐ Class B - Medically qualified - Minor controllable impairments present (e.g., eyeglasses)
- Recommend:
- ☐ Class C - Medically qualified for modified work only in accordance with the following:  
 Restrictions:
- ☐ Class D - Medically unqualified for job title and job requirements listed above
- ☐ Class E - Temporarily medically unqualified (e.g., hernia or other correctable problem)
- I request the following test.

LICENSED HEALTH CARE PROVIDER M. K. K. PA-C DATE 3-20-15  
 Signature

LICENSED HEALTH CARE PROVIDER (Print Name) Melissa Kollman, PA-C  
Dr. Elizabeth Swallow, MD

EMPLOYEE/APPLICANT Michael Norton DATE 3/20/15  
 Signature

EMPLOYEE/APPLICANT (Print Name) Michael Norton



**119B University Blvd.**  
**Harrisonburg, VA 22801**  
Phone: (540) 434-5709  
Fax: (540) 434-5710  
[www.valleyurgentcareva.com](http://www.valleyurgentcareva.com)

**REPORT OF MEDICAL EXAMINATION**

Employee Name: Pacheco Hector L.  
Last First Middle

Social Security (last four #'s): xxx-xx-xxxx Employer: WACO

Date of Examination: 8-29-14

1. This employee DOES / DOES NOT have any detected medical condition that would place her/him at an increased risk of material health impairment from exposure hazardous materials.
2. There ARE / ARE NOT any recommended limitations on this employee or on his/her use of personal protective equipment such as respirators.  
Recommended limitations:
3. This employee has been informed of the results of the medical examination and of any medical conditions which she/he has
4. This employee states that he/she DOES / DOES NOT smoke.  
This employee has been urged to stop smoking.
5. The exam has included a review of the OSHA respirator questionnaire.
6. Facial hair and respirator use has been discussed as applicable.
7. The physician or other licensed health professional (PLHCP) has provided this employee with a copy of the PLHCP's recommendation.
8. Comments:

Provider's Signature: [Signature]

**This concludes our Asbestos Removal Plan /  
Submittal Package for the Hillside Hall Project  
Asbestos Containing Building Materials**



## 5. Waco Inc.

### Expertise, Qualifications, and Experience

#### 5. Waco Inc. Expertise, Qualifications, and Experience

RFP Reference Section:

Page 4, Section V, Paragraph B, Item 3

A written narrative statement to include, but not limited to the expertise, qualifications, and experience of the firm and resumes of specific personnel to be assigned to perform the work.

5. Waco Inc. Expertise, Qualifications, and Experience  
RFP Reference Section:

Page 4, Section V. Paragraph B, Item 3

5A. Describe your approach and ability to provide excellent customer service throughout the term of the contract, to include mobilization of the contractor's management and work staff to meet the needs stated in Attachment A and B. Include how you will provide excellent customer service on fast turn-around projects, to include mobilization of a "crew" if your firm is not located in a close proximity to the University.

Since our beginning on January 3, 1963, Waco Inc. has focused on customer service. It is because of excellent customer service that we have been able to maintain our repeat business from our clients and continue to thrive throughout the years as a financially stable specialty service construction company.

Our staff is available 24/7. This includes the Foremen, Superintendent, Project Manager and Vice President, all of who keep their company provided mobile phone with them around the clock. Our foremen maintain a supply of materials and equipment on their assigned company trucks which allows us to be ready to respond to your emergency needs in a very quick time frame. Our performance and ability to respond quickly on the current JMU Asbestos Services contract speaks for itself. The Waco Inc. Mount Crawford, VA office is located less than six (6) miles from the procurement office. We also have office locations located near other VASCUPP participants. Our Virginia locations include:

1. Mount Crawford, Virginia
2. Fincastle, Virginia
3. Covington, Virginia
4. Radford, Virginia
5. Winchester, Virginia
6. Sandston, Virginia
7. Newport News, Virginia
8. Chesapeake, Virginia

The multiple locations of Waco Inc. provide capability to respond to large or emergency projects with the resources needed to undertake multiple projects simultaneously.

Although Waco Inc. is defined as a large company by Federal and State standards, we operate our business on a very personal level. Our phone calls are not screened. If needed, everyone up to and including the owner of the company is available to you.

5. Waco Inc. Expertise, Qualifications, and Experience  
RFP Reference Section:

Page 4. Section V. Paragraph B. Item 3

In our effort to support SWaM contractors, Waco Inc. has several SWaM subcontractors that we have on stand by to support our commitment to JMU and the other VASCUPP members. We have included a list of several SWaM contractors on Attachment B that will allow us to tackle almost any task that comes before us. Our SWaM sub-contractors are ready to handle plumbing, HVAC, flooring and more. Just think, when you need floor tile abatement we can not only perform the abatement of the tile & mastic, we can provide for the replacement of the flooring under our contract for you as well. Waco Inc. and our SWaM sub-contractors can reduce many of the hassles faced on projects that typically might require that you deal with many contractors on one project.

5B. Fully describe the qualifications, capabilities, and experience of your firm, in asbestos, lead, and other hazardous abatement services to include the size, number of employees

Waco Inc. began as a company that specialized in mechanical insulation. In a very short time our customers who were so impressed with our ability to get the impossible done in difficult situations and difficult environments began asking us to perform other types of services for them. In just a short period of time Waco Inc. became known as a Specialty Contracting Company.

Today, on a regular basis, Waco Inc. employs an average of 450 employees. During power plant shutdowns or other industrial activities we employ well over 1,200 employees.

It was only natural for an insulation company to become involved in the environmental industry. After all, who better to remove the old asbestos insulation and replace it with new, non-asbestos insulation? Waco Inc. has been involved with the abatement of asbestos since 1978. Since then we have not slowed down.

Hiring and training the best management team with a *WE CAN DO IT* attitude, Waco Inc. continued to expand our services into lead abatement, bird excrement cleanup, mold remediation, and biohazard waste cleanup. Additionally, we can remove and dispose of fluorescent tubes and ballast. Waco Inc. owns a fluorescent tube crusher that allows us to save our customer's money on disposal costs.

5C. Provide an organizational chart indicating which individuals or positions would have knowledge of an Agreement with the University, and the degree which each person would be responsible to the University account, including names of project managers and supervisors.

Vice President - 100% involved in customer satisfaction. 10% involved with project documents and support services.

Project Manager - 100% involved in customer satisfaction.  
100% involved with the estimating, proposal, planning and coordinating with the owner's representative.  
Coordinate with other contractors as required.

Bobby Taylor

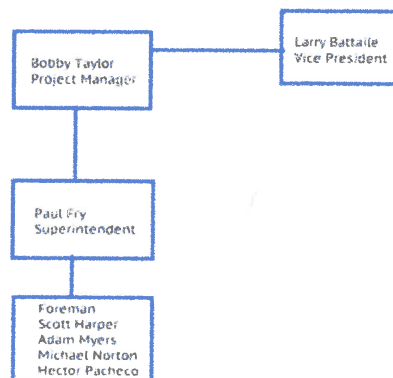
Superintendent - 100% involved in customer satisfaction.  
100% involved with planning, scheduling and performance of the project including manpower, materials & equipment.  
Also coordinating with the owner's representative.  
Coordinate with other contractors as required.

Paul Fry

Foreman  
100% involved in customer satisfaction.  
100% responsible for job performance with the direction and assistance of the Project Manager and Superintendent.  
Also coordinating with the Owner's representative.  
Coordinate with other contractors as required.

Scott Harper  
Adam Myers

Michael Norton  
Hector Pacheco



Expertise, Qualifications, and Experience

RFP Reference Section:

Page 4, Section V. Paragraph B, Item 3

5D. Project Manager Resume

Bobby Taylor has been in the construction industry for over 19 years.

Milstead Construction	1995 to 2001
Lantz Construction	2001 to 2002
Waco Inc.	2002 to Present

Bobby performs estimating and project management for many types of projects performed by Waco Inc. including:

- Asbestos Abatement
- Mold Remediation
- Mechanical Insulation
- Lead Removal
- IAQ / Duct Cleaning
- Selective Demolition

5D. Project Superintendent Resume

Paul Fry has been in the construction industry for over 18 years.

Waco Inc.	2001 to Present
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Paul is the Superintendent of all field operations performed by Waco Inc. in the Shenandoah Valley area. Paul is a licensed asbestos supervisor. Paul is very familiar with all of the services that Waco offers. Paul started working in our field operation and has advanced to his current position

5D. Project Foreman Resume

Scott Harper has been in the construction industry for over 20 years.

Waco Inc.	1997 to Present
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Scott is a Foreman for Waco. Scott is a licensed asbestos supervisor. He also holds NADCA certification for air duct cleaning. Scott has performed many projects at JMU including:

- 727 / 717 South Mason Street Plaster & Floor Tile Abatement, Guano
- Lakeview Asbestos Abatement, Flooring, TSI, Duct Mastic
- Former RMH South Tower Windows, Flooring, TSI, Duct Mastic

5. Waco Inc. Expertise, Qualifications, and Experience  
RFP Reference Section:  
Page 4. Section V. Paragraph B. Item 3

5D. Project Foreman Resume

Adam Myers has been in the construction industry for over 7 years.

Waco Inc. 2008 to Present

Adam is a Foreman for Waco. Adam is a licensed asbestos supervisor. Adam has performed many projects at JMU including :

Carrier Library Floor Tile Abatement  
Anthony Seeger Floor Tile Abatement  
Roop Hall Floor Tile Abatement

5D. Project Foreman Resume

Michael Norton has been in the construction industry for over 8 years.

Waco Inc. 2007 to Present

Michael is a Foreman for Waco. Michael is a licensed asbestos supervisor. He also holds NADCA certification for air duct cleaning. Michael has performed many projects at JMU including :

Madison Connector Pavilion Floor Tile Abatement  
White Hall Mechanical Room Thermal System Insulation & Gaskets

5D. Project Foreman Resume

Hector Pacheco has been in the construction industry for over 26 years.

Waco Inc. 1989 to Present

Hector is a Foreman for Waco. Hector is a licensed asbestos supervisor. Hector has performed many projects at JMU including :

Duke Hall Multiple Asbestos Containing Materials  
960 Port Road Floor Tile, Drywall & Duct Mastics  
Godwin Hall Gym Ceiling, Fireproofing & Encapsulation  
Memorial Hall Cooling Tower Removal

5. Waco Inc. Expertise, Qualifications, and Experience  
RFP Reference Section:  
Page 4. Section V. Paragraph B. Item 3

5E. Describe the experience your firm has with provision of similar services to comparable institutions. These may be term contracts or spot purchases.

Waco Inc. was selected to be one of the three contractors on the current JMU Asbestos Services Contract. During the term of that contract we have performed many projects for James Madison University.

Waco Inc. is also performing work at Radford University under this same VASCUPP contract.

We currently hold a Virginia Tech. VASCUPP contract #UCP-TS-037-10 for Mechanical Services.

We have performed various projects throughout the years for VASCUPP members and hope to have the opportunity to offer our services to all members under this contract.

5F. Provide a statement that indicates whether or not your firm has been subject to OSHA inspections by State and/or Federal agencies, and the results of these inspections, including citations, if any.

Waco Inc. has been subject to many OSHA inspections by State and/or Federal agencies. There are two (2) inspections that resulted in violations in the past three years. Both of the inspections that resulted in violations were performed at projects that involved our Heavy Demolition Division. A copy of the OSHA inspection data is attached in Tab 13.

5G. Provide information regarding any contract that an institution/agency/company chose not to renew with your company in the last five years, including the reason the contract was not renewed.

Waco Inc. has not had any contract that the Owner chose not to renew in the last five years.

5. Waco Inc. Expertise, Qualifications, and Experience  
RFP Reference Section:  
Page 4, Section V, Paragraph B, Item 3

5H. Indicate your best response time for "urgent" abatement requirements.

Immediately following the call for "URGENT" response, Waco Inc. will begin the process to mobilize manpower, equipment and materials to your facility. If the call is during normal business hours we will typically be able to respond onsite within 60 minutes or less. If the request is made outside of normal business hours, we anticipate an onsite response time of less than 90 minutes. Having our office and warehouse facility located less than 6 miles from the main campus allows Waco Inc. to serve James Madison University in a very timely manner.

An added value is the fact that Waco Inc. has facilities and quick response capabilities near most of the VASCUPP members and will be available to assist those facilities with their emergencies as well.

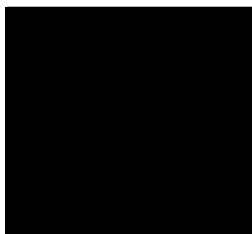
5I. Indicate your response time for "routine" abatement requirements.

Routine abatement? Waco Inc. will never treat your call or your needs as routine. We appreciate the opportunity to be allowed to provide our services to you. When you call for "routine" service needs we will respond to your required schedule. Be assured we will be there when you need us with a maximum response time of two hours or as scheduled with you.

5J. Indicate the name of the individual(s) that would be assigned to JMU's contract as the Site Foreman, as well as the Primary Contract that would be assigned to the JMU's account.

Scott Harper  
Adam Myers  
Michael Norton  
Hector Pacheco

Bobby Taylor



Site Foreman  
Site Foreman  
Site Foreman  
Site Foreman

Primary Contact